

## IN MEMORIAM

Martin William Peck  
1880-1940

Martin William Peck died May 7, 1940. For many years he had been one of a small group that pioneered in the practice of psychoanalysis in Boston. He was instrumental in founding the Boston Psychoanalytic Society and for many years served as its president during a time when the Society was going through a period of stress concomitant with the establishment of standards for organized training in psychoanalysis. It was during this time that one learned to appreciate his steadiness and integrity, his quiet reserve and wisdom. From the inception of the Boston Society he was a member of its educational committee and an important factor in the shaping of its educational policies. His outstanding characteristic was his conscientiousness in relation to his patients and their welfare. He constantly sought after new knowledge, read widely in his field and, like the youngest tyro in psychoanalysis, regularly attended seminars and lectures.

Dr. Peck was born in Montpelier, Vermont, December 14, 1880. He graduated from Dartmouth in 1902 and from the Harvard Medical School in 1915. From May 1917 to March 1918 he served in the U. S. Army Medical Corps with the rank of first lieutenant. Then followed many years of further training in psychiatry in the Sheppard and Enoch Pratt Hospital and the Boston Psychopathic Hospital where he served as Chief of the Out-Patient Department from 1923 to 1927. He was an instructor in psychiatry at the Harvard Medical School from 1923 to 1937 and a lecturer at the Boston Psychoanalytic Institute. He served faithfully as an editor of this *QUARTERLY* from 1936.

He was deeply interested in helping people and constantly sought to utilize his extensive psychoanalytic knowledge in psychotherapy. This showed itself in his writings which to a great extent dealt with the problem of therapy. He published a popular book on psychoanalysis.

He will be missed as a colleague and as a friend.

M. R. K.

# LIBIDO AND REALITY IN MASOCHISM

BY BERNHARD BERLINER (SAN FRANCISCO)

Despite the great deal that has been written about masochism it remains one of the most complicated subjects in psychoanalytic theory and one of the most difficult problems in our therapeutic work. Freud in 1924 designated it as mysterious.

Freud's original concept of masochism was that of the turning of sadistic impulses against one's own ego. The object of sadistic tendencies is 'abandoned and replaced by the subject's self. Together with the turning round upon the self the change from an active to a passive aim in the instinct is brought about.' At this point 'another person is sought as object; this person, in consequence of the alteration which has taken place in the aim of the instinct, has to take over the original rôle of the subject.' 'Satisfaction follows in this case by way of the original sadism, the passive ego placing itself in fantasy back in its former situation, which, however, has now been given up to another subject outside the self. Whether there is, besides this, a more direct masochistic satisfaction is highly doubtful. A primary masochism not derived in the manner I have described from sadism, does not appear to be met with.'<sup>1</sup>

Later, with the introduction of the death instinct theory, Freud expressed the opposite view that masochism is identical with the death instinct and is a primary drive, a part of which, directed outwards toward objects as sadism, may be then introjected as secondary masochism supplementing the primary drive.<sup>2</sup>

The death instinct or primary masochism as conceived by Freud is an abstraction, not a clinical concept. In practical therapeutic work it has not proved to be helpful. Fenichel<sup>3</sup>

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Read before the forty-first Meeting of the American Psychoanalytic Association at Chicago on May 11, 1939.

<sup>1</sup> Freud: *Instincts and their Vicissitudes*. Coll. Papers, IV, p. 70.

<sup>2</sup> Freud: *The Economic Problem in Masochism*. Coll. Papers, II.

<sup>3</sup> Fenichel, Otto: *Zur Kritik des Todestriebes*. Imago, XXI, 1935.



and before him Wilhelm Reich<sup>4</sup> called attention to a possible misuse of this theory in the substitution of a supposedly unanalyzable and unchangeable biologic fact for individual and analyzable determining experiences, leading to the neglect of important dependencies of the individual on the realities of the outside world.

However, Freud emphasized in his paper, *The Economic Problem in Masochism*, the rôle of eros in masochistic processes. The needed punishment is felt as being exercised by some parental authority. It represents an older libidinal relation to the parent. In moral masochism, morals are resexualized, the œdipus complex regressively reactivated. The reintrojected sadism which supplements the ego's primary masochism is that of the superego. Thus Freud comes from 'beyond the pleasure principle' back to the pleasure principle.

I should like to submit a contribution to this discussion without pretending to offer anything new by utilizing one of the oldest psychoanalytic concepts, that of the exogenetic traumatic causation of neuroses. Alexander<sup>5</sup> offered a similar point of view ten years ago but at that time fell back finally upon the death instinct for an ultimate explanation. Wilhelm Reich<sup>6</sup> particularly, emphasized the validity of the pleasure principle in masochism in opposition to the death instinct theory.

From the clinical point of view masochism appears as the neurotic disposition to suffering in response to demands of the superego. The analysis, then, has to reveal the particular superego formation of the masochist and the relations of his ego to its superego. The analysis of masochism is prevailingly ego analysis.

The masochist has a particular great need for being loved in the passive infantile way. This is frequently expressed through a particular erotization of his body surface, a need for close bodily contact and, characterologically, a need for intimate per-

<sup>4</sup> Reich, Wilhelm: *Charakter-Analyse, Technik und Grundlagen*. Vienna, published by the author, 1933.

<sup>5</sup> Alexander, Franz: *Strafbedürfnis und Todestrieb*. *Int. Ztschr. f. Ps.*, XV, 1929.

<sup>6</sup> *Loc. cit.*



sonal relationships in general. He is fixated on the love objects of his early childhood with a considerable degree of ambivalence. His infantile passive need for love is either constitutionally exaggerated, as in oral types which are frequent among masochists, and therefore leads to frustration, or there is a fixation due to actual traumatic frustrations from the environment, frequently after a previous pampering which predisposes to frustration. Frustration results in hatred and guilt feelings which are usually reinforced by projections which lead to new frustrations in a vicious circle. As a common human trait the love object in question consciously or unconsciously coöperates in creating guilt and hatred and so do the later transference persons. Finally the masochist is a disagreeable person causing other people to be disagreeable to him. Most of his life is based upon hatred, the small remainder of love being poisoned by suffering. His object relations have regressed to the narcissistic level.

The masochist's actual conflict takes place between his need for being loved and the external world which he either falsifies by projections or, more commonly, which he provokes and manipulates into providing him actually with frustrations. He falsely estimates or distorts reality. In this sense severe masochism is more in the nature of a psychosis than of a neurosis. Also those self-inflicted sufferings within the boundaries of the personal life and seemingly independent of outside relations, such as illnesses, accidents, economic failures, always have a relationship to love objects and to some kind of frustration. Ego, id, and superego appear to be merged into one bloc; the party of the opposition is reality.

In the history of all masochists there are actual severe traumatic situations in early childhood. In my experience, most of them were unloved, or directly hated, mistreated children; all were made to feel that they were in some way unwanted. Hostilities between siblings play a particular rôle in my material. Hatred on the part of the parents was frequently covered by oversolicitude and possessive demands for love which burdened the child with obligations and with guilt feelings about his very



existence. Those masochists who were pampered children are to a particular degree inclined to guilt feelings. Such a child has to suppress his hostile reactions and can not abreact his frustrations. The more a person refrains from aggressiveness towards others, the more strict and sensitive his conscience becomes.<sup>7</sup> On the other hand the pampered, unpunished child may already be a masochistic one. The child may be 'good' and submissive from feelings of guilt and fear of punishment.

An important question of course is: were the traumata reported by the patient real, or are they fabricated as projections of their own hostilities which arise without any participation on the part of the parent but simply as expressions of original ambivalence and sadistic drives? Projections and paranoid symptoms play a great rôle in masochism in early as well as in later periods of life. For example, a girl blames her mother for her lack of a penis, hates her bitterly, and feels persecuted. A boy's castration complex may be similarly based upon misinterpretations without an actual threat of castration. Strong feelings of loss of love in the œdipus situation or on the arrival of a new sibling, and sadistic elaborations of these feelings, are common. Do these 'normal' frustrations create masochism? This is not my impression. I believe there is a more specific and real trauma preceding the œdipus complex and already unconscious at that time: direct expression of hatred which the child experienced from a love object in earlier life. Œdipus and castration complexes do not in themselves seem to be pathogenetic for masochism but they may already show the masochistic type of reaction. Hostile fantasies and their projections seem to be conditioned by earlier real experiences.

The masochist appears as if he loves his suffering, as if suffering were the aim of an instinct. This is not true. Suffering is very much unwanted by him and makes him really unhappy. However, he cannot but accept suffering because it is the price which he has to pay for his particular gratification. He loved those persons who hated him and caused him to suffer. If a child is unloved or unwanted he will nevertheless need the love

<sup>7</sup> Freud: *The Economic Problem in Masochism*. Coll. Papers, II, p. 267.



of his parents or their substitutes. Not being capable of hating successfully he will submit and feel guilty and accept the hatred as if it were love. Thus he suffers for the sake of the love of those persons who hate or reject him, so that the object need not be abandoned. Hate would make him lose the love object.

The need for love then, takes hatred and suffering as substitute gratifications. However, this substitution is possible only if its origin (the experience of hostility from a beloved person) is repressed. This repression starts very early. The child at birth finds itself under conditions which it has no choice but to accept. It has no basis for comparison between its own and other situations. To this outside world the child is necessarily attached by love, which is like a psychic umbilical cord connecting the individual with his origin. This love attachment is not conscious in the child; it merely exists without playing a particular part in its mind. From the very beginning the child is unable to perceive the hatred which its love objects may have towards it. It does not know what other conditions might be possible. By its need for love the child is adapted to this invariable relationship to the outer world. When the child is given the opportunity at a later time to make comparisons, the need for being loved may prevent it from making criticisms and from differentiating between the old conditions and possible new ones. The development of the ego is weakened. In these cases the repression does not involve mainly the instinctual desires but primarily the perception of the outside world, while the instinctual desires are the repressing forces. This stage of primitive identification love is also the earliest stage of the superego which in its further development perpetuates the reaction pattern of love towards the hating love objects. These objects are introjected and cause the permanent regression from frustrated object love to primitive identification love.

The motive for identification is generally the striving to substitute a lost gratification after the loss of a love object.<sup>8</sup> In masochism the meaning of identification seems to be the preservation of the object and the prevention of its loss. Every object

<sup>8</sup> Fenichel, Otto: *Die Identifizierung*. Int. Ztschr. f. Ps., XII, 1926.



love of the masochist contains regressive identification love, and every love object is a representative of his superego. While the normal ego yields to a hostile reality by renouncing the object, the masochistic ego introjects the hostile object in order to save it as a love object. The masochist's superego not only negates instinctual desires but also saves them. A primitive relationship between id and superego is maintained or regressively reestablished.

The child governed by its need for being loved adapts itself to the hating love object and tends to be the type of child it feels itself supposed to be. It develops into not a love object to its environment but a hate object. There is a deep conviction in the masochist that he is not supposed to be loved and to be happy but that he has to meet the desires of those who hate him, to whom his existence or his happiness is unwanted. The development of undesirable qualities on the part of the child lessens the actual guilt of the haters whom it is compelled to love. A child burdens itself readily with the guilt of another person. This early unhappy love attachment is the basic conflict elaborated later in innumerable transference situations. Such a person must negate happiness, success, and even existence in terms of the hater with whom he is identified in some kind of psychic mimicry. He loves his enemy, not however acknowledging the reality but repressing the reality of having an enemy.<sup>9</sup> For the sake of his love he represses not only his own hate reaction but even the feelings of being harmed and finally the perception of the other person's unkindness in general. Thus he solves the conflict between love and hate by turning the hate against his own person in conformity with the hate of the love object.

A patient gaining insight in analysis said: 'If I were clever, successful, lovable, I would make it impossible for my father to hate me. Then I would claim to be loved by him. He wishes to see me unlovable so that he can hate me. I cannot be clever and lovable and successful.' His œdipus complex was only one

<sup>9</sup> Ferenczi, S.: *Das Problem der Unlustbejahung*. Int. Ztschr. f. Ps., XII, 1926.



determining factor; to a greater extent the patient's reaction was based upon the actual attitude of the father (whom I knew) to whom the son's existence was unwanted. The patient had hitherto refused to recognize this.

Identification is particularly expressed in the need for punishment. The individual takes care of his punishment himself in order to avoid loss of love and a more severe punishment—castration. A symptom is formed in order to put an end to a danger.<sup>10</sup> It is not however punishment itself that is sought. The masochist fights to save a small portion of love by means of subjection and self-punishment. Need for punishment means need for the love of a person who punishes. For the sake of love hatred has to be accepted and love renounced. Masochism means countercastration.

The concept which makes the need for punishment the exclusive source of masochism does not cover the whole problem. Masochism is certainly a way of tempering feelings of guilt about one's own destructive impulses (Alexander). But those guilt feelings arise only if destructive impulses are directed against a beloved person or his transference object. Moreover, it remains to be explained why these destructive impulses are turned against the ego as need for punishment or as self-punishment, and why the object of a sadistic drive is replaced by the subject's self. This happens when the subject's need for love meets with destructive impulses on the part of the love object on whom the subject feels dependent.

There are persons, described by Freud, who fail because of success and who cannot endure a happiness and love that make them feel guilty towards those introjected love objects who, they feel, would not want them to be happy and successful. In these cases the oedipus is not predominantly responsible for this pattern. There are those intellectually inhibited types, described by Landauer,<sup>11</sup> who have to be stupid because they

<sup>10</sup> Freud: *The Problem of Anxiety*. New York: W. W. Norton & Co., Inc., 1936. The need for punishment seems to be related to the fear of punishment as the acceptance of castration to the fear of castration.

<sup>11</sup> Landauer, Carl: *Zur psychosexuellen Genese der Dummheit*. Ztschr. f. Sexualwissenschaft, XVI, 1929.



feel that they are not wanted to be intelligent but are loved for their infantile naïveté by those who were interested in keeping them infantile. Besides the prohibition against satisfying sexual curiosity, and the threat of castration, a parent's fear of being surpassed by the child may be the origin of this attitude. Frequently observed are types of modest persons with inhibited exhibitionism who feel compelled to hide their light under a bushel. They fail to make use of their abilities or exploit their opportunities in order not to provoke the envy of rivals who are confused with images of early love objects, not only of the castrating œdipus rival but frequently siblings, or sometimes a parent of the opposite sex who was on the defensive against being sexually stimulated by the child. Between these milder forms of self-negation and severe forms of self-destruction there are only quantitative differences. The basic motive in many suicidal trends, particularly among young people, is to do away with oneself in order to satisfy a love object by whom one feels unwanted but whose love is needed. The dead are loved, free from the guilt of existence and no longer a burden. The concomitant motive of killing the object may be absent in these cases, or it may appear only in the attenuated form of robbing that person of oneself by death of a love object.<sup>12</sup>

An attractive young woman of twenty-four became severely masochistic when she married a wealthy man who provided her with a life of luxury. She was one of five children of poor parents. The father, a teamster and a brutal drunkard, mistreated his wife and the children. The mother, who supported the family by washing, complained constantly that the children ate too much and wasted too many clothes. The patient frequently heard her mother say that she was good for nothing in the world except for eating. The nucleus of her masochism revealed itself when she said: 'My greatest guilt is that I did not kill myself to please my parents'. There was very little aggres-

<sup>12</sup> See also: Ferenczi, S.: *Das unwillkommene Kind und sein Todestrieb*. Int. Ztschr. f. Ps., XV, 1929.



siveness in the case of this person wrecked by the success of her marriage, but rather the need for love of the Cinderella type.

A lawyer of thirty-five was constantly harming himself by his actions. He entered business relationships foreseeing that he would be deceived and would lose his money. He had married a worthless woman who had committed adultery with a friend of his and had infected him with gonorrhea. He divorced her, took the blame and not only sacrificed his entire property to her but also contracted to pay alimony beyond his income, which he continued to pay even after she remarried (unconscious homosexuality). He made an unimportant mistake in handling the case of a woman client, was threatened with an unjustified suit for damages and was willing to pay. This man was the only child of an official in comfortable circumstances who spent all his time and care on bringing up his son in an old-fashioned patriarchal style. The mother was a frigid woman who gave little affection to the child, left his physical care and feeding to the father and reproached the little boy with having destroyed her figure by his birth. Very early in life the boy became conscious of the feeling that he could satisfy neither the cool mother nor the overcareful father; he feared that he would lose the love of both. As a student he developed an extraordinary diligence in order to please his father who advised the choice of law as a profession. He was entirely dependent on his paternal superego. When he trusted his wife or his friend or business men, as well as when he suppressed his sexual desires, he felt as if he were obeying his father. He came for analysis following his father's death, overwhelmed by remorse that he could not repay his debt of gratitude and expressing severe self-destructive drives. In this case too, destructive impulses and guilt feelings about them were unimportant compared with the love-seeking attitude towards primarily hating parents.

Underneath this attitude of subjection there is, of course, fear. However, it does not seem satisfactory to hinge the problem of masochism upon the formula of castration anxiety. The



readiness with which castration and its equivalents are accepted is the essential problem. This readiness is part of the specific masochistic adjustment to the castrating outside world, namely the repression of the perception of injuries under the need for love as the repressing force, and the repression of the awareness that suffering is accepted as a substitute for love because a beloved person caused it.

The masochist has furthermore repressed the hatred with which he reacted to his love object's rejection. This repressed hatred reappears in the masochistic picture as an undertone of accusation in his suffering and complaining. Such a person seems continually to present an old unpaid bill. His behavior expresses reproach; he is faultfinding; he attempts to put the other fellow in the wrong. He provokes the other man to reactions for which he can blame him, thus arranging a new suffering. The meaning of the reproach is: 'you do not love me enough; you have to love me even if I am naughty'. Love is aggressively sought after and the situation of the frustrated child is reënacted. The aggressiveness of the masochist appears to a certain degree to be justified though directed for the most part towards the wrong person. It is an unsuccessful attempt at self-healing. Suffering is the weapon of the weak and unloved whereas undisguised aggression is dangerous. The masochistically exhibited suffering excuses the aggression, partially conceals it, serves its new repression, and disarms retaliation. Masochism is a way of hating without great risk.

On the other hand aggression is dictated by the superego in order to prevent or destroy love and to set the stage for new unhappiness. If the masochist turns his aggression against himself he does so because he accepts the aggression of the love object, treating himself as his love object would treat him in order to please the object and to secure its love. When he turns his aggression towards the outside world he may act from the same motive. He treats others sadistically in terms of the introjected object with whom he is identified: he imitates the love object who formerly tormented him, feeling that he is thus earning his love.



Masochism, like every neurotic symptom, is a simultaneous gratification of and defense against instinctual desires. This applies both to the love instinct and the destructive instinct. Masochism therefore is complicated.

The masochist's destructive instinct is instrumental in, but is not the original driving force of his masochism. This is the need for being loved by those persons who hated him or were at least partially hostile to him in his early childhood; who survive as introjected objects and are permanently reprojected into later reality. This reprojection into reality, however, is as little a pure projection as those projections based upon the sadistic fantasies of childhood. Reality assists greatly. I am inclined to doubt that a purely one-sided hostility of a child as a primary sadistic expression without any participation of another person ever occurs. It seems more likely that the expression of the child's sadism is a reaction to what the child was made to suffer, acted out through the ambivalence of the infantile instinctual tendencies.

This childhood pattern is reënacted not only by the masochistic adult but also by society. Adult society reflects on a large scale the conditions of childhood. There is a general need for love and there are the various hostile attitudes among all peoples. Still, hostile and aggressive tendencies are to a much larger extent the basis of our civilization than is love. There is a tremendous amount of unconscious hostility in the most civilized society. Since the individual has to accept society, he has to accept those destructive tendencies too and turns them against his own ego in a submissive self-destructive way. The poet Schiller said: 'If I were alone in the universe I would dream loving souls into the rocks and would embrace and kiss them'.<sup>13</sup> The masochist dreams loving souls into those men who hate him and who wish that he harm and destroy himself, and he helps to fill the world with them.

The theory of the death instinct appears unnecessary to

<sup>13</sup> *Stünd' im All der Schöpfung ich alleine,  
Seelen träumt' ich in die Felsensteine,  
Und umarmend küsst' ich sie.*



explain masochism and for practical purposes is not advantageous. What gives the appearance of the operation of a death instinct is the infantile love instinct which makes the ego willing to offer suffering and death as a price for its gratification. Self-destruction and a need for punishment are the libidinal reactions to a negation of one's own existence by a love object of childhood, therefore originally libidinal reactions to reality. The transference of this love object forms the permanent masochistic attitude. Masochism is a specific pathologic development from the pleasure principle to the reality principle. The problem of 'man against himself' (Karl Menninger) is really the problem of 'man against man', and the problem of how men incorporate into their individual personalities the hatred of their fellowmen.

It is unnecessary to say that this concept does not cover the whole clinical phenomenology of a masochistic case. But it offers a general frame for the specific masochistic mechanism within which the particular symptom formation takes place, and its understanding is helpful in leading the patient out of his narcissistic position to a recognition of the reality which he had formerly refused.



# INTROJECTION, PROJECTION AND IDENTIFICATION

BY ROBERT P. KNIGHT (TOPEKA)

During the last few years psychoanalysis has become increasingly interested in the processes of introjection, projection and identification. The psychoanalytic study of children has played no small part in stimulating this interest and has thrown considerable light on the parts played by these processes in normal ego development and functioning as well as in abnormal psychological states. Reflecting this increased interest, there is now an imposing body of literature having to do with the theory and clinical aspects of these mechanisms. There is, however, a regrettable inconsistency and lack of unanimity in the usage of these terms in the literature. S. H. Fuchs in a recent paper<sup>1</sup> attempts a comprehensive review of these inconsistencies and suggests certain definitions and distinctions. However even his article falls short of clarifying the term *identification*, which is probably used in more different senses than any other psychoanalytic term. This paper aims to elucidate this term in relation to introjection and projection.

*Introjection* seems to be used regularly as equivalent to and synonymous with incorporation, and may be defined as an unconscious inclusion of an object or part of an object into the ego of the subject. It is a psychological process based on a tendency of the id to incorporate an object according to an oral pattern. Introjection, however, seems always to involve previous projections onto the object of the subject's own unconscious tendencies, so that not even this process is to be found isolated from other psychic mechanisms.

*Projection* may be defined as a method of psychological

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From the Menninger Clinic, Topeka, Kansas.

Read at the Chicago and San Francisco sessions of the American Psychoanalytic Association, June 4th and 9th, 1938.

<sup>1</sup> Fuchs, S. H.: *On Introjection*. Int. J. Psa., XVIII, 1937, pp. 269-93.



economy whereby the subject attributes his own unacceptable unconscious tendencies to an object and then perceives them as tendencies possessed by the object. Thus while introjection is an *id* process which alters the structure of the *ego* of the subject, projection is an unconscious *ego* (or superego) process for dealing with *id* tendencies which alters the perceived character of the outside *object*. Projection and introjection are therefore not the exact converse of each other.

*Identification*, although etymologically different, is frequently used in the literature as synonymous with introjection and incorporation. Fuchs suggests that identification be differentiated from introjection on the basis of its being a fact or the result of an act in contradistinction to the act itself. Thus an identification could be the result of an act of introjection. This might seem to be splitting hairs until one inquires further into the condition denoted by identification and discovers, as I hope to show, that identification is never an irreducible process or state of affairs but is always based on a subtle interaction of both introjective *and* projective mechanisms.

When we consider the connotations of the term 'identification' as it is used in the literature, we find that there are three possible situations to which it may apply. The subject 'A' may identify himself with an object, 'B'; he may identify the object with himself; or 'A' may identify 'B' with 'C'. The latter situation, involving other mechanisms such as displacement and substitution, and not implicating the subject directly in the identification, might better be considered from the standpoint of the various transference mechanisms employed; nevertheless the term identification is frequently used to indicate such a condition. There is a psychotic identification or rather misidentification in which the patient persistently calls 'C' by 'B's' name and attributes to 'C' all the characteristics of the former significant person 'B'; and there is the more frequent situation in which 'A' unconsciously reacts to 'C' as if he were the previously significant person 'B'. An example of the latter would be a father reacting to his son as he once



reacted or would have liked to react to his younger brother. He has identified his son with his brother. Identification used in this sense is quite obviously not at all synonymous with introjection but involves displacement and substitution, and possibly some introjection and projection. It would probably clarify our terminology if we were to call this phenomenon *misidentification* and thus distinguish it sharply from the two types of identification which affect the subject.

In the first two instances—identifying one's self with an object and identifying the object with one's self—the criticism might be made that the discrimination is not sufficiently valid; however, the two phenomena are quite distinct. If I admire and wish to imitate or emulate a certain person, introjection is the main mechanism whereby I take into myself the admired attributes of the object and act as I imagine the object would act under similar circumstances. The attributes and standards of the object become a part of my ego ideal and as such tend to govern my behavior. I identify the object with myself mainly through incorporating the attributes of the object into my ego ideal. On the other hand, if I read a book or see a movie which evokes my empathy towards a certain character in the story, I put myself in *his* place and live his experiences along with him, experiencing feelings appropriate to the situations which he encounters. My own ideals and behavior are not affected for the time being as I simply go along passively with the stimulating character in the plot. I identify myself with the object mainly by projection of my own feelings onto him, so that I imagine him to be experiencing emotions that I am experiencing. It may be that I also then introject this object to produce the former kind of identification. In each of these three usages of the term identification there is a different accent on the term, a different connotation, and introjection is not synonymous with any one of the three meanings. Identification is thus the result of various mechanisms, introjection being the principal one, but with projection, displacement, substitution, and perhaps other mechanisms also operating.



Anna Freud in her book *The Ego and the Mechanisms of Defense*<sup>2</sup> refers to the clinical condition described as 'altruistic surrender' by Bibring who coined the term. In this condition the subject seems to have abdicated, as it were, in favor of one or more objects, surrendering his own desires for pleasure and gratification in favor of those of the object whose efforts at similar gratifications the subject then vigorously champions and whose successes he vicariously enjoys. This is obviously a situation which could be accurately described by the term identification. The subject has, probably from too strong feelings of guilt, denied himself the desired gratifications, has projected his desires onto a suitable object, and has then introjected the object so that the object's pleasure becomes his pleasure too. In this way the forbidding superego has been circumvented and the original desires have been gratified, albeit in only a vicarious, rather hollow fashion. The absence of conscious envy of the pleasure-achieving object has been brought about by repression but is sustained by introjection and the resulting identification with the object, so that envy is now unnecessary. But this condition cannot be understood by viewing the observed identification only as an introjection of the object. Without previous projection the identification could not have taken place.

It seems likely that all vicarious feelings—both pleasurable and painful—are possible by virtue of an identification which has been achieved through both projection and introjection. If we experience ecstasy or lust or sadistic feelings through witnessing or reading about or hearing about activities of others who are experiencing these feelings, such vicarious experience on our part is possible through the temporary circumvention of inhibitions by projection of our own wishes onto the active object and by introjection of the object. By this double process we identify ourselves with the object. One might carry this view further and say that sympathy and understanding and even analytic insight and intuition—all valuable characteristics

<sup>2</sup> Freud, Anna: *The Ego and the Mechanisms of Defence*. London: Hogarth Press, 1937.



of 'good' object relationships—are possible through at least partial and temporary identification with the other person. The awareness of how we would feel under similar circumstances enables us to project our own needs and wishes onto the object and then to experience his feelings as if they were ours through the resultant temporary identification with him. Even though this vicarious experience would appear to be an instantaneous process, it seems to me valuable to reduce it to its constituent mechanisms of projection and possibly also introjection.

The question comes up in connection with such examples as to whether or not these mechanisms, by definition unconscious, can actually be conscious or partly conscious. Recognizing that the fundamental process or pattern is unconscious, I believe that there can be various degrees of conscious awareness of or insight into what is going on. When I say, 'If I were you, I would do so and so', or when I speak of putting myself in someone else's place, I am, for the time being, orienting my relationship to the object in question so that temporary identification with him results through the projection of my own feelings onto him and possibly also my introjection of him. The adage, 'Set a thief to catch a thief', and the observation that a successful criminal might make a successful detective, or vice versa, may be explained from this same point of view. The success of either thief or detective in outwitting the other is based on his capacity to project his own countertendencies onto and thus identify himself with the other. Perhaps it might be more accurate to view the resulting identification as a more or less conscious affair and still regard the elementary processes by which it is achieved, projection and introjection, as unconscious mechanisms operating in response to the conscious wish or need to identify oneself with another.

In the analytic situation there is a comparable state of affairs. The analyst, having through his own analysis achieved insight into his own ego-alien wishes and his devices for dealing with them, is able to detect and comprehend the patient's repressed wishes and his defenses against them. By listening to the



patient's productions in a state of suspended attention and permitting his own free associations to arise, he is actually in what might be called a state of 'detached identification' with the patient. The analyst projects his own unconscious responses onto the patient in response to the special stimulation of the patient's material, reacts to the material in terms of his own insight and then makes an interpretation if his conscious judgment so directs. The patient then introjects this piece of information or insight as, so to speak, a part of the analyst. From this viewpoint, the process of deepening insight in the patient results from cumulative identification, through introjection, with the insight-possessing and insight-imparting analyst who has comprehended, assimilated and interpreted the patient's own conflictual material. If all of these interacting processes were not under the sway of considerable objective, conscious control, the analyst might through excessive projection and introjection identify himself with the patient in a way deleterious to therapy. Intuition, when reduced to its component factors, might be defined as the capacity for accurate, selective projection of one's own needs and feelings onto another person.

Pursuant to our investigation of the rôle of identification and its constituent mechanisms in interpersonal relationships, let us apply this viewpoint to the phenomenon of 'falling in love'. The deep patterns of heterosexual relationships in a man will have been laid down in early childhood through whatever identifications and attachments were then established, these identifications having resulted from intricate interactions of projections of his own erotic and aggressive wishes onto parents and siblings and introjections of these various significant objects into the developing structure of his own ego. Adult object relationships will follow and be obedient to these childhood patterns. In other words, the adult transference patterns which will operate in interpersonal relationships are based on the fate of the œdipus situation. A man then will, in the process of falling in love, be attracted to a girl who resembles his mother or mother surrogate in some way and who seems to have the attributes of his introjected mother



because he has projected onto her these attributes, endowing her with many characteristics which she does not actually possess. He also projects onto her his own femininity and his own wishes and then tries to live up to her imagined expectations of him. A kind of identification is thereby effected through which he is partly in love with himself as he sees himself reflected in his conception of her. Re-introjection of this new object then occurs. The growing together and becoming alike of a man and woman in love with each other involves considerable interaction of projection and introjection, with resulting identification with each other.

Finally, an insufficiently recognized example of identification achieved through projection and introjection comes to mind. Under certain circumstances a feeling of depression similar to that caused in melancholia by the pathological introjection which follows the loss of an object, may be experienced in slight degree by more or less normal individuals. An examination of this reaction may shed some light on those cases of melancholia in which one can discover no clear object loss. Normally one's self-regard may be said to be determined by a combination of factors: a more or less objective evaluation of one's self and one's abilities and achievements; a more or less illusional evaluation of one's self, and a projected partly valid, partly illusional evaluation which one presumes his friends have of him. The third factor largely supports the second; in other words, our projected 'good' self-regard supports our illusional self-complacency or self-admiration, and both protect us from the pain of a too critical, objective self-scrutiny. The projected self-regard gives the object some of the characteristics of the self, and no doubt a considerable portion of the warmth which we feel toward another individual depends on our liking for his regard for us—a part of which regard we have projected onto him. If events occur which disillusion us in this respect—for example, a rebuff or criticism by the other person—it is as if this projected self-love were in danger of being lost or actually were lost temporarily, and we react with a certain degree of depression. Perhaps we also



introject the criticizing, rebuffing object and feel a loss of both the object's and our own love for ourselves. Stable individuals perhaps have less illusional projected self-love and thus are less subject to wounded self-esteem and depression from rebuffs and criticisms. In those individuals however who are less stable, who must provide themselves more reassuring affection both in their illusional self-regard and in the projected self-regard, a rebuff or criticism, or cumulative blows of this sort, can more easily destroy this projected self-love so that the loss of the object is actually the *loss of the self as a loved object*. Much of what we call 'loss of love' might be explained in this way, and an understanding of the precipitation of certain depressions may occur if this mechanism is kept in mind. Here again a complicated and rather unstable identification, based on both introjective and projective processes, has taken place, and is upset by events which precipitate further introjective and projective processes resulting in new identifications.

It has been the thesis of this discussion that identification is not a mechanism and is not synonymous with introjection. Identification is an accomplished fact, not an act, and may result from several different mechanisms acting separately or together. It may occur by displacement or substitution (with possible projection and introjection also) when we identify one object with another object (misidentification); it may occur mainly by projection as in the case of 'altruistic surrender'; it may result mainly from introjection; but in most instances, perhaps, complex interaction of both projection and introjection will have operated to produce the identification.



## ON MISIDENTIFICATION: A CLINICAL NOTE

BY J. KASANIN (SAN FRANCISCO)

Misidentification is one of the most common symptoms of the psychoses. It occurs frequently in toxic states when patients misidentify relatives and friends and just as frequently in the so called functional psychoses. With an otherwise clear sensorium, patients refuse to recognize their immediate relatives and call them by names of other people whom they do not necessarily resemble or by names of people long dead. The tendency to misidentify people and especially the tendency to identify living people with the dead has attracted my curiosity for a long time, but I was never able to find a satisfactory explanation because I never saw a case in which misidentification was an isolated symptom. Usually, misidentification is associated with other symptoms such as delusions and hallucinations which obscure it. Recently I studied a case in which misidentification was the only presenting symptom.

Misidentification is the counterpart of identification and one cannot discuss one without the other. For all practical purposes, identification is the same thing as introjection although Knight <sup>1</sup> in a recent paper points out that identification includes both introjective and projective mechanisms. The presence of projection in identification remains, however, a debatable question. In *Mourning and Melancholia*, Freud <sup>2</sup> described melancholia as consisting largely of a process of ejection of the love object whom the person had introjected in the course of libidinal attachment to the object. Clinical experience, especially in the psychoses, has convinced me that this is a fundamental mechanism especially in reactive depressions. I am not at all

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Read at a meeting of the Chicago Psychoanalytic Society, March 4th, 1939.

<sup>1</sup> Knight, Robert P.: *Introjection, Projection and Identification*. This QUARTERLY, IX, No. 3, 1940.

<sup>2</sup> Freud: *Mourning and Melancholia*. Coll. Papers, IV. London: Hogarth Press, 1924.



sure that this is the case in the endogenous depressions where one does not necessarily deal with reactions either to actual or threatened losses of love objects.

If it is true that in depression, the patient attempts to overcome the loss of the love object, one wonders in what manner the patient ejects this introjected object. According to Freud it is accomplished by replacing the lost love object with another one. When the capacity or the possibility of such replacement is absent or when the identification of the ego with the lost object is too great with, in addition, projection of the patient's ego into the lost object (a point which has been so correctly emphasized by Knight) other ways must be found. One manner in which this is accomplished is illustrated by the following case:

A widow of sixty-three entered the surgical service of the Michael Reese Hospital because of attacks of pain in the right upper quadrant of several years duration. During the past six months the attacks had become more severe and more frequent. Physical examination showed tenderness in the right upper quadrant with pain radiating to the right shoulder. The data were those of a chronic cholecystitis with possible gallstones. An x-ray of the gallbladder taken a few months before showed only fair dye concentration with radiolucent shadows seen in the fundus of the gallbladder. During the examination, the house officer noticed that the patient was anxious, depressed and weeping and I was asked to see her. She was depressed and gave a history of a suicidal attempt a year ago. The gallbladder, bound by adhesions, was removed and numerous stones were found. The patient had an uneventful surgical convalescence but complained bitterly of weakness, would not sit up in bed at the proper time, cried a good deal, moaned, and begged constantly that one of the interns, Dr. W., be sent to her. In a series of interviews, the patient gave me the following story:

She was born in a small town in Michigan and was brought up very carefully by her parents. Early in her life she became interested in the stage and began to work in vaudeville. Soon she met a physician who offered her a position and she was his office assistant for seven years. He asked her to marry him but she refused as she was very jealous of his contact with women patients. At twenty-



three she met her husband who was a vaudeville acrobat. After a short courtship she married him and joined him in the vaudeville act. The marriage was congenial and happy. There were two children, a daughter who died at eighteen months, and a son, Paul. During frequent absences on tour, the parents had to leave the child with strangers but they tried always to give him the best of care. It was their ambition to settle somewhere and have their son with them. Finally after thirteen years of work on the stage, they were able to retire.

Shortly after his retirement, the husband became ill and died after having been more or less a chronic invalid for a number of years. The patient and her son moved to Chicago. The boy did remarkably well in school, was a devoted son. He took a business course and was employed in a chain store where he was rapidly promoted until two years before when he suddenly became discouraged, depressed, stated he did not feel like himself and decided to take a short auto trip to restore his health. From this trip, he sent only two postal cards and the patient heard nothing further from him. Meanwhile the patient's investments proved to be worthless and she found herself penniless, completely alone in the world.

What meager savings remained, she spent on searching for her son. She became depressed and thought many times of committing suicide, turned on the gas several times, but was saved by her neighbors.

The patient described an extraordinary experience after admission to the hospital: 'I was lying on the bed thinking about my son and how unhappy I was when I suddenly heard the voice of somebody behind the screen. It flashed on me that this was Paul. I cried out; somebody moved the screen and I suddenly saw Paul facing me. It was only with difficulty that I realized that this was a young doctor, that it was not Paul and yet he was just like Paul. He was very nice to me. I wanted him to take care of me. I love him. I have always been psychic. I knew things before they would happen and I knew that I would see Paul soon. I am happy now when he is with me and I want him all the time.'

In great detail she emphasized how much it meant to her to have this young intern, Dr. W., with her and that he made the pain of the loss of her son much less. She felt as if her son had come back to her. The patient stated often she knew it sounded crazy to say that Dr. W. was her son, Paul; yet the voice and resemblance were



so striking that she could not deny herself the pleasure of thinking of him as Paul.

Soon afterwards, Dr. W. changed services and the patient's convalescence became markedly impeded. She constantly demanded Dr. W be sent to her. He responded unusually well to the patient's whim and became very fond of her. It was difficult to induce her to get out of bed.

During my absence one of the younger psychiatrists had interviews with her. Suddenly she developed hysterical symptoms of paralysis of the lower extremities. The psychiatrist attempted to explain to the patient the nature of her invalidism and the kind of satisfaction she was deriving from it. She responded with strong open hostility. She became especially furious when the psychiatrist called to her attention her extremely strong emotional bond to the young intern. She continued depressed, now manifesting an extremely oral, dependent attitude to the hospital and its personnel. For five days she complained of intestinal discomfort, severe pain and had partial faecal incontinence despite good sphincter tone. She declared she had no desire to get well and no desire to live. She complained of heart attacks. She reacted violently to a prohibition against seeing the young intern and became more and more hostile to the psychiatrist who prescribed it.

Arrangements were made for her to go to a convalescent home and I saw her soon after she left the hospital. She was assured that she would be able to walk soon without difficulty which she did after a short time. With good care in the convalescent home, the patient improved rapidly and was able soon afterwards to resume an independent existence.

Subsequently there took place a marked change in the patient. Still shaky, somewhat tremulous and tense, she is much happier, more contented and not at all depressed. Arrangements were made for her to see Dr. W. from time to time which gives her a great deal of personal satisfaction and happiness. She speaks of having improved a great deal and is very grateful for both the surgical treatment which relieved her of her physical symptoms as well as for the psychiatric treatment.

For two years this patient had been mourning her beloved son. The son developed a psychosis and probably committed suicide, but the patient had never been able to accept this loss and



remained in a state of profound mourning for two years. Immediately after admission to the hospital, she heard an intern's voice and suddenly saw the image of her son. She demanded that he should be constantly with her, reacted well after the operation while he was on service, succeeded in having him with her a great deal, but refused to get well when he gave her less attention and developed hysterical paralysis when he left the service.

We shall not discuss here the mechanism of the patient's depression which so strikingly coincides with the one described by Freud in the extreme narcissistic identification of the patient with her son. It is important to note that the patient's ambivalence expressed itself both in the extreme attachment to the young intern and the extreme hostility towards the young psychiatrist who symbolized to her the anger she felt with the doctor whom she refused to marry as a young girl. It was certainly clear to the patient that within a very short time she would also lose the intern. In the short period of stay in the hospital, the patient acquired and lost another love object but this acquisition and especially the loss were certainly not as painful as the loss of her own son.

The psychological economic importance of her attachment to the intern is quite obvious. One is tempted to compare the episode with the treatment of allergic conditions. When the patient develops a severe allergic reaction to any given antigen, the treatment consists of gradual desensitization with small doses of the antigen injected at frequent intervals. The patient attempted to do the same thing in curing herself of melancholia by this short lived attachment to and loss of an object which for her had all the dynamic qualities of the original loss. The intern symbolized to her not only her son, but also the physician with whom she was in love as a young girl but whom she never dared to marry on account of his possible unfaithfulness. She told me that she never quite forgot this young physician to whom she was engaged, that he never married, and that she often wished that she had married him instead of her husband.



It seems to me that this misidentification of the young intern with her own lost son or identification of the two served the purpose of helping the patient to cure herself of her depression. Thus, misidentification may be one of the many ways in which an individual attempts to rid himself of an introjected love object. This is especially true in psychoses in which the patient by misidentification is able to express his hostility to some person onto whom he projects the hostile component of the ambivalent attitude towards love objects. The psychotic individual usually misidentifies those closest to him, such as parents, siblings, wives or husbands. Misidentification is one of the most useful methods by which an individual can displace an introjected love object to one whose loss has less painful affect connected with it.



## ANALYTICAL STUDY OF A CURE AT LOURDES

BY SMILEY BLANTON (NEW YORK)

The town of Lourdes in France is situated in the High Pyrenees, on the banks of the mountain stream Gave du Pau. Historically it has always been dedicated to the Virgin Mother Mary who during feudal times was the suzerain of this section. There are twenty-two places in that Department (comparable to our state) in which the Virgin Mother Mary is believed to have appeared. On February 11, 1858, Bernadette Soubirous, a girl of fourteen who was being prepared for her first communion, saw in a niche above a grotto in the ancient rock, the Massabielle, an apparition of the Virgin Mother Mary. In all she saw this apparition nineteen times. During one of these visions she was directed to drink and to wash her face in a corner of the cave where she saw only mud. She dug with her hands and uncovered a spring at which shortly thereafter cures of a miraculous nature were reported. It was this spring which, uncovered, now flows at the rate of thirty thousand litres of water a day and which furnishes the water for the ceremonial baths given to the pilgrims who go there.

During one of these visions the apparition revealed herself to Bernadette as the Immaculate Conception, thus later coming to be identified by the clergy and the people as The Blessed Virgin.

It is necessary to give these facts in order that one may understand the faith that animates the pilgrims and the sick that come to Lourdes.

There is a Medical Bureau at Lourdes which consists of a chairman, Dr. Vallet, assisted by doctors who have joined the organization of Our Lady of Lourdes, whose purpose is to pass

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on the validity of the cures. They have nothing to do with the care of the sick. There are about three thousand such doctors scattered throughout the world and during the season at Lourdes, from Easter to the middle of October, there are anywhere from ten to fifty of these doctors present at the Medical Bureau each day. The Medical Bureau considers only organic cases that have what they feel to be adequate medical records. If a pilgrim feels that he has been cured of an illness he presents himself to the Director of the Board. About one hundred such cases are accepted each year for examination. These cases come before the Medical Board, their record is gone over, they are given a physical examination and then they are told to go away and return at the end of a year. If at that time they are still well, their case is again discussed before the Board and they are given another physical examination. If the Board feels that the questions below can be answered satisfactorily, the case is considered to be a cure. These questions are:

- 1 Did the sickness described by the medical record exist at the moment of the pilgrimage to Lourdes? What were the symptoms?
- 2 Was the malady suddenly stopped in its course after there had been no tendency toward improvement? Which symptoms disappeared at this time?
- 3 Is there a cure? Can you prove it with certainty? Did the cure take place with or without medical treatment?
- 4 Is it necessary to delay a decision?
- 5 In the actual and future state of science, is a medical explanation of the cure likely to be given?

Only about a dozen cases out of the hundred or so that are examined each year are certified by the Medical Board as cures.

The following case, considered to be a cure, is presented in detail. It is an abstract of a history which was taken by the author at the *Bureau des Constatations Medicales* at Lourdes, September 17, 1937.



Charles McDonald was born August 12, 1905. His childhood was without any special medical significance. His father, a carpenter and builder, is living and well. His mother died at the birth of her seventh child. The six siblings are normal, physically and socially.

The patient went to parochial school in Dublin until the age of fourteen when he went to England to a preparatory school with intent to enter the priesthood. At eighteen he decided that he did not 'have the vocation' and returned to Dublin to work with his father. At nineteen he married. He had three daughters living and well and one son who died at birth.

Jan. 1925—in his twentieth year—symptoms begin

May, 1925—t.b. bacilli discovered in sputum

July, 1925—left Dublin for South Africa

Feb. 1926—recovered so he could work

Jan. 1931—symptoms of t.b. of back appeared

March, 1932—returned to Dublin

In January 1925, in his twentieth year, he began to suffer from weakness and night sweats. He was treated at home until May 1925. The bacilli of tuberculosis were found in his sputum and an x-ray showed active tuberculosis of the lungs. He was taken to a sanatorium for five weeks. He had lost thirty pounds in about six months. While at the sanatorium his sputum was positive for tuberculosis on three different occasions.

He returned home for a short time and then left Dublin on July 3, 1925 for South Africa. He went to Johannesburg where he rested until February 1926, and then began to work as a carpenter on an outdoor job in the gold mines.

He remained quite well until January 1931. Then he began to have pain in his back when he rode his motorcycle. The pain grew so bad that he could not put on the brake of his car without having a stinging pain in the lower thoracic region. In September 1931, he went to a doctor who after taking an x-ray of the spine said that he had tuberculosis of the twelfth thoracic vertebra. He was put in a cast for three months. There was little or no improvement. A bone graft operation was suggested, but the patient decided to return to Dublin where he arrived in March 1932. Although unable to work, he was under no medical care from March to July 1932. In July 1932 he saw a surgeon, Dr. Lane, who diagnosed his as a case of tuberculosis of the twelfth thoracic vertebra and who referred him for examination of the lungs. It



Sept. 1932—  
abscess in right  
lumbar region

Dec. 1932—left  
shoulder swollen  
and pus taken  
from it

Feb. 1933—two  
sinuses in shoulder  
and two in back  
running pus

June, 1935—  
acute nephritis

Meath Hospital—  
Aug. '35 to  
Nov. '35

was reported that his lungs were in such condition he could not stand an operation. He was then put in an orthopedic brace. In September 1932 an abscess developed in his right lumbar region opposite the second lumbar vertebra about 4 cm. from the mid-line. This abscess was surgically drained but soon broke down and began to exude pus. In December 1932 his left shoulder became very much swollen. Pus was aspirated from it. In February 1933 a sinus appeared in the front and back of the shoulder out of which pus ran. The patient, who was wearing an orthopedic brace at this time, continued to live at home and to go frequently to the hospital for treatment.

In the meantime although the two original sinuses in the shoulder healed, others formed. In August 1934, the abscesses in his back and in his shoulder became very painful and he developed a fever. He called in another physician of Dublin who said he could not do very much for the patient and gave his wife directions for dressing the sinuses.

From November 1934 to June 1935 he had no doctor. In June 1935 he collapsed with a violent fit of vomiting. A week later his body was badly swollen. He consulted still another doctor, O'Connell of Dublin, who diagnosed his disorder as acute nephritis. He was taken to the Meath Hospital in Dublin August 15, 1935, where he was again under the care of Dr. Lane who referred him to Dr. Boxwell. Dr. Boxwell cared for the patient for thirteen weeks. He was in Meath Hospital from August 15, 1935 to the middle of November 1935. There were albumin, blood cells and granular and hyaline casts in his urine. He was in great pain from any movement, especially of his back. His cast was so tight that he developed a very large pressure sore in the lower thoracic region.

The physician suggested that he be transferred to the Hospital for the Dying, which is the cheerful name of a hospital for chronic incurable diseases in Dublin. But the patient preferred to go home.

Dr. O'Connell visited him there until March 1936. At this time the doctor told the patient's wife that he could do no more for him and that he thought the patient was a hopeless case. He



told the patient, 'I am sorry; I can do no more for you'. Thereafter his wounds were dressed twice a day by his wife.

The patient and his family were now supported by a little tobacco and fruit shop that his wife had opened in part of the house.

pus in sinuses on  
Sept. 4, '36

Believing that he could no longer receive any benefit from medical treatment and that only by some divine intervention could he be helped, he arranged to go to Lourdes. He left Dublin for Lourdes on the night of the third of September 1936. His wounds were dressed on Friday the 4th of September by Nurse Falvey on the Pilgrim Train. She testifies that there was considerable pus draining from the sinuses in his back and shoulder.

He arrived in Lourdes on Saturday, September 5th, and his wounds were dressed again on that day by Dr. Christopher Hanna of Dublin. At this time he had two large sinuses in the lumbar region, a large sinus just below the outer end of the clavicle, a large sinus just below the head of the humerus and a sinus in the back just above the scapular ridge.

On September 6th, Sunday morning, the patient was bathed in the piscina. This piscina, of which there are three, one for men and two for women, consists of a long stone tub about seven feet long and about four feet wide and three feet deep. They are filled with cold mountain water from the spring uncovered by Bernadette. The water contains no known curative chemical. The stretcher cases are undressed and lowered into this pool, taken out, and dressed without being dried. When the patient was bathed in the pool his bandages were taken off and when he came out they were put back on again. In this way his wounds were cleansed. He was considerably chilled by this bath and felt no benefit from it.

On September 7th, Monday morning, he was bathed again. He felt confused and cold but after he was dressed and removed from the piscina to the grotto where a religious service was held, he began to feel 'a glow of health'.

It should be remembered that for fifteen months the patient had been in bed, so helpless that he had to use a bedpan, unable to move his hips or shoulders without severe pain. But now,



healed  
Sept. 7, '36  
Monday

lying on a stretcher in front of the grotto, he experimented by moving his arm slightly; there was no pain. He loosened the brace strap on his shoulder and raised his shoulders from the pillow without pain. He thought that perhaps he felt no pain because the shock of the bath had taken his mind off his condition. He waited an hour and moved his hips again. Once more there was no pain. He said, 'My expectations had become a certainty and the Blessed Virgin had healed me'. All of that day he was out of doors in front of the grotto. When he went into the hospital in the evening, he told the doctor that he was going to get up the next morning. He was forbidden to do so.

The next morning, Tuesday, September 8th, when the doctor and nurse were out of the room, the patient got up and walked to the foot of the bed, the first time he had been on his feet in fifteen months. He said, 'My knees would have given way and I would have sunk to the floor had I not held on to the bed'. He dressed himself with help from no one and walked without pain. That day he was taken to the grotto, not as usual on a stretcher but in an invalid's chair. He walked from the chair to the bath and later was able to walk about ten steps into the church and to genuflect and to kneel. The same day he walked from the door of the hospital to his bed, about thirty yards. In the evening he ate a hearty meal—a thing he had not done for months.

The next day, Wednesday, September 9th, the patient went to the bathroom, shaved himself, dressed unassisted, and walked about thirty yards from the chair to the baths into which he went again on Wednesday.

He left for home on Wednesday night, September 10th and arrived in Dublin, Friday, September 12th.

It was still not a complete recovery for, according to Dr. Vallet's statement, his wounds were not yet entirely healed and draining pus. Under these conditions, McDonald was not taken to the Bureau of Medical Verifications for examination. It was on the return trip before the train arrived in Paris that his wounds healed. The following is a written statement



**testimonial  
by doctor**

by Dr. Hannigan who had charge of the pilgrimage: 'I testify that as doctor in charge of the services of the patients of the pilgrimages to Lourdes, I have examined Mr. Charles McDonald. He presented then: three fistulas of the left shoulder, two fistulas in the lumbar region from which flowed pus—symptoms of tuberculous infections. During the trip going and coming from Lourdes I personally cleaned his wounds. After the pus was removed the patient went to sleep on his stretcher. After his second bath he felt better and with my permission he walked with much ease. During the return voyage his wounds were redressed in Paris by the nurses. There was only one of the two fistulas in the lumbar region. All the rest had healed up.' Dr. Hannigan added in a testimonial dated August 27, 1937: 'I have seen Mr. McDonald twice since his return from Lourdes. I can definitely say that there is no appearance of any former maladies. Mr. McDonald is a clean, active man who can accomplish his work without fatigue and without misery. All his old wounds were perfectly healed. Personally, I am happy to see him cured because the first time I saw him I thought it was a desperate case.'

As soon as the patient returned to Dublin he began to walk about a half mile a day and by the time he saw Dr. Lane, two weeks after he arrived in Dublin, he was able to walk several miles.

On September 26th when he saw Dr. Lane there was a slight scab on the sinus on the back of his shoulder, the front sinus was healed and the sinus in his lumbar region was practically healed, there being only a drop of serum visible.

He began to ride a bicycle in December 1936, while acting as an insurance clerk. On September 16th, 1937, he returned to Lourdes where I saw him on September 17th.

The medical certificate signed by Dr. O'Connell which the patient brought to Lourdes was as follows: 'On my first visit to Ossary Road in 1934 this man was suffering from acute nephritis with active tuberculosis of his spine and was sent to Meath Hospital for treatment under Dr. Lane. He was kept thirteen weeks and left the hospital at his own request. I saw him at his home after he returned from the hospital



and there were albumin, hyalin casts, blood and pus in his urine. He was confined to his bed absolutely all the time from the time he left the hospital November 15th, 1935 until he left for Lourdes, September 1936, when the medical form was filled in by me. He was in my opinion at that time a hopeless case.' The medical form to which Dr. O'Connell has reference was the certificate required before the patient could accompany the pilgrimage. It was made out in 1936 before the patient came to Lourdes and reads as follows: 'This patient is a bed case. Has full control of the bladder and rectum. Mental and emotional state normal. Diagnosis: Potts disease, caries, nephritis and tuberculous shoulder.'

In September, 1937, before the patient came to Lourdes, Dr. Young, of Dublin, gave the following certificate: 'This is to certify that I examined Mr. McDonald in 1934 when I found him suffering from active tuberculosis of the left shoulder and a lumbar abscess. I have recently examined Mr. McDonald and found no active signs of his disease and as far as I can see he is completely cured.'

#### x-ray report

The report of the x-ray given on September 9, 1937 by Dr. R. A. Ruyert of St. Kevins Hospital, Rialto, Dublin, is as follows: 'Examination of kidneys by uroselectan, and lungs. Report: uroselectan concentrated well in both kidneys. On the left side there is a marked enlargement of the kidney. The pelvis of the kidney is dilated and has lost its normal outline. The degree of function is good. On the right side the pelvis of the kidney is slightly dilated but otherwise normal. Lungs: Both lungs contain many healed tuberculous foci. There is a marked pleural thickening of the left apex. Here it is difficult to say if the disease is definitely healed but it is certainly inactive. Left shoulder and spine: Lumbar spine normal. Collapse of the twelfth dorsal vertebra. Shoulder shows much evidence of former active disease involving together with the joint the head of the humerus and the contiguous parts of the scapula. There is no activity at present. Ankylosis is taking place. There are some foci in the left lung, some of which are



**physical  
examination**

definitely healed. A complete view of the lung would be more helpful.'

A report of the physical examination done at the Medical Bureau on September 18, 1937, is as follows: 'Patient is fairly well developed, fairly well nourished, 5 feet 6 inches in height and weighs 128 pounds. Poor posture, flat chest, protruding abdomen, stooped shoulders. Chest expansion 5 cm. Expansion somewhat more limited on the left than on the right. There is a dullness on percussion over the left lung anteriorly and posteriorly, with a roughening of the breath sounds. Slight dullness over the anterior right lung. There is a marked scoliosis of the spine. Deviation to the left in the mid-thoracic region and a compensatory deviation to the right in the mid-lumbar region. Movements of the spine are practically normal. Patient can bend forward and touch his toes, can bend backwards, can bend from side to side and turn from side to side. Left shoulder is almost completely ankylosed. There is a partial absorption of the head of the left humerus and most of the glenoid cavity has disappeared. The shoulder is deformed by the large deep scars. There is a wasting of the trapezius muscles and of the superior head of the deltoid. In the posterior portion of the arm there is some wasting of the triceps muscle. Adduction of left shoulder is possible to only forty degrees and this is accomplished by movement of the shoulder girdle. The anterior and posterior part of the arm and the chest region near the anterior and posterior fold of the axilla are deeply scarred. There are five deep scars on the anterior arm, shoulder and chest, and six scars on the posterior shoulder, arm and chest. When the patient was healed there were two sinuses running pus on the anterior shoulder and arm, a shallow scar above the left scapula ridge, and two deep scars in the lumbar region.'

To summarize, we have a man who seems certainly to have had tuberculosis of the lungs. He had also an infection of the twelfth thoracic vertebra which had destroyed it, and an



infection of the shoulder which had practically destroyed the bony structure of the joint. There was a sinus in his left shoulder and one in his right side, both of which exuded pus. The patient had been in bed for fifteen months, so helpless that he could not care for himself and had to have his wounds dressed twice daily. We are justified in assuming that he had tuberculosis of the spine and shoulder, and possibly also of the kidneys, although the latter was not proved by bacteriological examination. There was no medical examination of his spine during these fifteen months and therefore it is possible that the healing process may have occurred while he was in bed. The same thing may be said of the shoulder, although it must be kept in mind that pus was still running from both areas.

From the patient's own testimony, his back and shoulder pained him whenever he tried to move them.

After the second bath in the piscina he was able to move without pain; he was able to walk that day; within three weeks he was able to walk several miles a day; his sinuses were practically healed in a period of two weeks.

What is the explanation of this healing? For that it is a healing I am myself convinced. The records seem adequate to support this conclusion, and they were made by well trained and reputable physicians. Furthermore, this is not an isolated case but one of approximately ten or twelve that occur at Lourdes yearly in which the records seem well and honestly made. We must lay aside as untenable the accusation that these cases are in any way 'fixed' or the histories 'doctored'. There does appear to be at this shrine, after ceremonial baths or processions, a sudden quickening of the healing processes, a removal of symptoms, and a feeling of well being. (Since the beginning of recorded history, incidentally, this seems always to have occurred at certain sacred spots, such as the Temple of *Æsculapius* and the graves of the Trojan soldiers.)

The percentages of such cures are not obtainable but they are certainly too great to be laid to coincidence, nor do the details of the cures conform to the laws of recovery as we know

them. Even coincidental cures in our hospitals do not in the space of two or three days get up and walk without pain after fifteen months of life in bed with continual pain.

Statistics would be of no service to us if we had them, for even if only one case of such a rate of cure can be proven to have occurred, then it remains to be explained. 'Suggestion', 'group psychology', 'mass psychology', are words back of which it is always necessary to search for the meaning. It is necessary to analyze the influence of emotion on the body in more understandable terms.

It is useless to quibble over whether this case was organic or functional. As Dr. Stanley Cobb has pointed out, 'The line between the organic and functional, and between the physical and mental, is an artefact. The body acts as a whole organism and anything that happens in that organism is organic. Structural and functional are inseparable.'

It is often claimed that the waters at Lourdes are medicinal in some special way. There may of course be undiscovered elements in this water. No one can speak for the future, but there seems no question as to the fact that there are not now any known properties to this water which make it different from the other cold springs of the region. But even if, for argument's sake, an unknown agency existed in these waters which acted as a specific, there still remains the *rate* of cure and the comparative rapidity of convalescence to be explained.

No, these cures cannot just be thrown aside as imaginary, and the records, although not as perfect as one might wish, must be examined.

The basis of the cures seems to lie in some aspect that has to do with the psychology of the situation and for this one must search not so much for the differences between the people who go there as for elements common to all the people who go there sick and come away well.

The common element that strikes one is, first, that the people who get well there are usually *in extremis*; second, that through prolonged illnesses they have been under the care of many physicians who have in turn passed them on or given them up.



Freud has pointed out that the unconscious goal of the human being is death because he tends to revert to first states, and his first state was inanimate. The instinctive drive of living organisms is to complete the cycle. 'The goal of life is death.' But the object which first resuscitated him, so to speak, from his original inanimate state was his mother. She it was who made it possible for him to start the cycle of life in which he finds himself. She it was who nourished him and sustained him through his period of biological immaturity. This relationship is both reinforced and modified by the organization of society. In the process of removing his libidinal drive from the maternal love object to acceptable objects in the outer world, the individual meets many difficulties and develops both a wish for and a fear of punishment by the mother object. The wish for and fear of the incestuous love for the mother, of punishment by the mother, and of the countertransference to the mother, are all dominating factors in living. They constitute the wellspring of courage and hope and confidence leading to the smooth functioning of the organism, or to the reverse of these—the fear of and wish for death which are the inevitable concomitants of the sense of guilt.

Now in this sick man and in similar sick people who go to Lourdes the important thing, we think, is that they have reached the limit of their emotional and physical capacities to adjust to the demands of their illness. For some reason inherent in their own psychological functioning they cannot any longer accept life and yet they cannot quite accept death. Physically their libidinal drive is what may be termed reversible (because it does reverse itself) but their ego has reached a state of depletion so nearly complete that they themselves have not the capacity to reverse it. In our opinion, it is only when they have reached this state of complete surrender that they can be cured by such a transference—in this case to the Virgin Mother Mary who, they feel, intercedes for them with the Creator Himself. It is now possible for the patient to give up his fear of love; to be willing to accept it without a sense of guilt and without reservation. He surrenders also his aggres-



sion towards his mother and his fear of aggression towards himself.

I should like to emphasize that I feel that this state of complete surrender in the patient is essential for cure whether his physical injury be severe or slight, but that I think its presence in slight injuries, unless they are overloaded with psychic significance, would not be probable. The patient must be facing death.

It is only when the will is surrendered to one more powerful that the full benefit of the transference occurs. It should be pointed out again that in the series of doctors that our patient had (and this applies as well to the others we have studied) there had been no demonstrable strong attachment to any one. Perhaps there was no opportunity or possibly no capacity for one. Certainly the strong, unbroken transference to a parent substitute is one of the main factors in the cure of the sick. It can mitigate the biological urge to complete the cycle in the direction of death and start the healing processes functioning again.

To understand the force of the transference which occurs at Lourdes we would have to go into a study of the history of mother worship and show what a powerful influence it has had on the race. It is difficult for one not a Roman Catholic to realize how actual and real is the feeling of the believer for the Blessed Virgin. She came strongly into prominence in the Middle Ages as shown strikingly by the shrine at Chartres; and in the twelfth and thirteenth centuries most miracles were laid to her credit. She was conceived of as strong, fearless and helpful, and above all a person, an unconventional person, as Henry Adams said, who gloried in upsetting not only the laws of man but of heaven also.

Mother worship is older than Christianity. It receded after 1250, but in the south of France it held tenaciously to its old form. This primitive mother worship is strongly reinforced by the psychology of the group at Lourdes. The cohesiveness of the group is intensified from every possible angle. Before the pilgrimage there is a period of spiritual preparation, of



prayer and confession. All this constitutes a powerful aid to the transference of libido to the Virgin Mother when the patient arrives at Lourdes.

The value of the Virgin Mother as a transference object is infinite. No cross currents of human authority can touch her. She does not threaten, as a human mother does, even those who love her. On the part of the sick person the guilt payment has already been made by the act of being so seriously ill. There is nothing in her love that can rearouse the sense of guilt. Moreover, there is no ambivalence in the surrender to the Virgin Mother, nor any insecurity.

But then the surrender of the will to die occurs in any illness from which a person does recover. This is not unique at Lourdes. What is unique there is that at the moment at which, to the believer, the intercession of the Virgin Mother becomes effective, there is no longer the residual of the illness left. This we call convalescence. In the light thrown by these cases on ordinary convalescence, it is as though after the ego had accepted the surrender of the will to die, it still had to do a sort of narcissistic penance which we call convalescence. Perhaps in the ordinary affairs of life the ego reserves the right to relish its surrender, to get rid of its narcissistic pleasure slowly. But somehow in this surrender to an all powerful and permissably all loving mother, the person not only gives up his right to be sick unto death but also to get well slowly.

The thing, in so far as we are able to see, that makes cures at shrines unique is the speed of the cure and the great diminution of convalescence. Within a few days, sometimes a few hours of being at the point of death, the patient eats, walks, has a normal temperature and shows all the other signs of physical well-being, including an astounding endurance. And this in spite of the fact that he has not yet regained his body fat, although the rate of regaining weight is also often remarkable.

It is my feeling, then, that in this case and in similar cases at Lourdes, there is a quickening of the healing process (due to



the emotion aroused by the transference to an all-powerful, all-loving Virgin Mother) to an extent which has not yet been realized or accepted by the medical profession.

I feel that we are justified by what we saw at Lourdes in stating our tentative belief that processes leading in the direction of death were not only halted but reversed, and the libido liberated in this way was put to the use of the individual in the restoration of health. I believe that something does occur which is, as Dr. Vallet has remarked, on the margin of the laws of nature.

I do not believe, however, that it is supernatural in the commonly accepted sense of the word, but that it follows some law of function not yet fully described. Our hospitals and our medical organizations are more interested in diagnosing the cause of an illness and the treatment of it than they are in examining a sudden rejection of it. A patient who suddenly believed himself to be completely well in a serious illness would not be encouraged to get up and resume normal life. Isolated efforts, to be sure, are being made toward a radical change in the treatment of convalescence.

Perhaps cures similar to this have been occurring around us unobserved. Certainly a knowledge of such processes as seem to occur at Lourdes would, we feel, be of vital help to the physician or to the psychiatrist, and an understanding of the transference that occurs not only to the Virgin Mother at Lourdes but to the physician or nurse anywhere would arm the physician with yet one more weapon in the war on death. There is something above and beyond the test tube which must come back into the relationship between the patient and the physician.



# THE DYNAMICS OF THE DISSOLUTION OF THE TRANSFERENCE RESISTANCE

BY RICHARD STERBA (DETROIT)

In addition to the interpretation of the content of the unconscious, a considerable amount of the work in therapeutic analysis is required for the interpretation and dissolution of the resistances. Only through the dissolution of the resistances is it possible to interpret the content of the unconscious and to reconstruct the past.

We seek here to investigate the dynamics of the dissolution of a specific group of resistances called transference resistances. Transference resistances are of a peculiar importance, as they can be observed throughout the course of analysis and are very often the common ground on which other types of resistances find the possibility of expressing themselves.

Before we can approach the dynamics of the dissolution of these resistances, it will be necessary to acquaint ourselves with the dynamics of the development of these resistances. Let us repeat what Freud wrote about the origin of the transference resistance in his paper, *The Dynamics of the Transference*:

'Now as we follow a pathogenic complex from its representative in consciousness (whether this be a conspicuous symptom or something apparently quite insignificant) back to its root in the unconscious, we soon come to a place where the resistance makes itself felt so strongly that it affects the next association, which has to appear as a compromise between the demands of this resistance and those of the work of exploration. Experience shows that this is where the transference enters on the scene. When there is anything in the complex-material (the content of the complex), which can be at all suitably transferred to the person of the physician, such a transference will be effected and from it will arise the next association; it will then manifest itself by the signs of resistance—for instance, a cessation in the flow of associations. We conclude from such experiences that this transferred idea is

able to force itself through to consciousness in preference to all other associations, just *because* it also satisfies resistance. This type of incident is repeated innumerable times during an analysis. Over and over again, when one draws near to a pathogenic complex, that part of it which is first thrust forward into consciousness will be some aspect of it which can be transferred; having been so, it will then be defended with the utmost obstinacy by the patient.' <sup>1</sup>

The development of the transference resistance occurs, according to Freud's description, in this way: out of the material lying near to the preconscious, that part which is suitable for transference pushes itself forward into the consciousness and takes possession of the analyst. However, whether the analyst becomes a hated, a loved or a feared person in a particular situation, depends upon which relationship is favorable for the resistance, that is, for the prevention of the appearance of unconscious material.

In order to facilitate an understanding of what follows, it may be advisable to illustrate with a case history how the transference is established as a *resistance* against the investigating work of the analysis. The case I am now going to report is especially adapted to our investigation because a particular transference resistance formed the main obstacle to the progress of the treatment for a long period of the analysis. The patient was dismissed, free of his symptoms and with his character favorably changed after a two-year analysis.

This patient was a twenty-seven-year-old bank employee. When the analysis began he was out of work. He wanted to be treated for depression, general inactivity and headaches which were very painful at times. The principal symptoms were, however, difficulties with eating which had led to a considerable loss of weight. He had to chew every mouthful of food for a long time; fibrous meat and the skins of fruit he had to spit out, for when he tried to swallow them he became terrified that he

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<sup>1</sup> Freud: Coll. Papers, II, p. 316.



would choke. For a long time after this symptom had made its appearance—fifteen months before the beginning of the analysis—he had lived only on milk and chocolates. At the same time, he developed a sexual disturbance in the form of *ejaculatio præcox*. The patient was often constipated and had suffered from *pruritus ani* since his neurosis had broken out.

Characterologically the patient belonged to the group of passive feminine personalities; he was very submissive, very obedient to everyone and very fearful that he might injure somebody. He was extremely cowardly; sometimes however, though not very often, he would display an outbreak of blind hatred against persons of whom he was afraid, particularly against his superiors, but only when these persons were not present. In these attacks of rage and hatred, at a safe distance from the person causing his displeasure, he would express his emotions in the most violent manner, but the next time he encountered the person, he would behave as submissively and humbly as ever.

His symptoms were developing gradually when the patient's father became ill with *angina pectoris* two years before the analysis started; he died seven months before the beginning of the analysis. Following this event the symptoms became greatly intensified. The patient began to suffer from painful thoughts about death; he would imagine himself lying in his grave and every person he saw, even those sitting opposite him in the street cars, made him conjecture how long this person still had to live. The headaches and the depression increased greatly.

Subsequent to his father's death, he had lost large sums of money through bad speculations and loans. It was plain that he had an instinctual tendency to lose money and that money played a central rôle in his life. His every thought was directed towards making money and his fantasies were largely built around this theme. Money was also the central theme of a series of symptomatic acts which occurred in the latter part of his puberty. These consisted in stealing money from his mother in order to visit houses of prostitution. This money, however, his mother had secretly taken from his father who



was very miserly, and who sometimes did not give her sufficient for household expenses. This act of stealing money with its attendant symbolism very soon came into the centre of the analytic situation.

The patient showed towards me the same servile and submissive attitude that he expressed towards everyone. He always said when talking about the analysis, 'I let myself be analyzed because . . .'. This description was the direct opposite of one used by a woman patient who was very masculine and narcissistic. When she spoke about her analysis, she always said, 'I am doing an analysis because . . .'.

The patient was extremely anxious to follow the basic rule of analysis, but after a few weeks thoughts occurred to him which were tormenting. He tried very carefully to avoid them because they could have been considered as gibes and taunts at the analyst. For instance, when he saw my hat hanging in the hall, he thought, involuntarily, 'H'm, I don't like this hat', but he became very frightened by this thought because he knew the hat belonged to me and he felt he ought not to think anything bad about me or my things. Such associations occurred rarely at the beginning of the analysis, but later they occurred frequently. He became frightened of them and of the analysis, that is, of the analyst. This anxiety became so intense that his associations began to be blocked and the progress of the analysis was stopped, as he developed almost a prohibition of thinking. He had to avoid very carefully all references to me and my surroundings. When sitting in the waiting room, for example, he did not trust himself to look around as he was afraid that something in the room might strike him unpleasantly and this might be followed by a hostile thought about me.

This period was initiated by the following dream: he was being hunted by the police because he had embezzled money; he was very frightened. This was to be interpreted as a transference dream, the analyst being represented by the police. It soon became clear that he developed this anxiety due to a transference from the father to the analyst. The anxiety made it impossible for him to obey the fundamental rule because it



blocked all associations which were directed against me. It hindered bringing into consciousness one of the most powerful emotions of his psyche—his hatred of his father. One can easily observe how the transference serves the resistance. This resistance is composed of the repression resistance, the resistance caused by the unconscious guilt feeling, and the resistance from the repetition compulsion. His fear of his father was the center of his neurosis. The fear of being choked while eating was closely connected with his fear of his father, for in this symptom the patient experienced an identification with the dying father as a punishment for the death wishes directed towards him. The father's fatal illness was an angina pectoris with attacks of choking, particularly during eating. Deeper down, however, the oral symptom was found to be an expression of defense against a libidinal relationship with the father, in which the patient was identified with his mother on a passive masochistic basis.

The analysis of the libidinal part of the symptom led us back to a childhood observation from his fourth year. The father, personally, used forcefully to stuff food into the geese which were owned by the family. Once the little boy was present when a goose choked in his father's hands during this cruel process. In the anxiety of being choked while eating solid foods, it is apparent that his castration fear was displaced to the oral zone as a result of putting himself in the passive feminine position, an identification with the choking goose (mother).

This patient's strong anxiety was thus brought into the analysis from the very beginning. The result of the development of this anxiety in which the analyst was made the father surrogate was to prevent the confession of just those emotional impulses as a result of which the anxiety originally developed. In many instances the result of a psychic action must also be considered as its motive. It becomes evident that fear of the analyst transferred from the father has been developed for the purpose of resistance. Moreover, we find a very similar reliving of an infantile fear during the transference, such as is described by

Freud in the History of an Infantile Neurosis. There he writes:

"The first "transitory symptom" which the patient produced during the treatment went back to the wolf-phobia and to the fairy tale of "The Seven Little Goats". In the room in which the first sittings were held, there was a large grandfather clock opposite the patient who lay upon a sofa facing away from me. I was struck by the fact that from time to time he turned his face towards me, looked at me in a very friendly way as though to propitiate me, and then turned his glance from me to the clock. I thought at the time that, in this way, he was showing his eagerness for the end of the hour. A long time afterwards, the patient reminded me of this piece of dumb show and gave me an explanation of it; for he recalled that the youngest of the seven little goats hid himself in the case of the grandfather's clock while his six brothers and sisters were eaten up by the wolf. So what he meant was: "Be kind to me! Must I be frightened of you? Are you going to eat me up? Shall I hide myself from you in the clock-case like the youngest little goat?"<sup>2</sup>

The fact that the recollection and reconstruction of this pantomime in the wolf-man's analysis took place only 'a long time after' it had been acted out indicates, although Freud does not point it out directly, that the transference of Freud's patient was at that time of a resistance character. We know from the duration of the analysis and from the supplement to the analysis by Ruth Mack Brunswick that the resistances of this patient were unusually strong and that they yielded finally only to the pressure of a fixed time limit. It is understandable from the ubiquity of the castration fear that anxiety often plays a most important rôle in the transference resistance.

Every infantile attitude against which the ego has necessarily to defend itself, may appear in the transference to serve the resistance. This is particularly true of the erotic tendencies of the positive and the negative œdipus complex, sadistic aggression, the pregenital instincts, and so on. Because the

<sup>2</sup> Freud: Coll. Papers, III, p. 511.



transference serves the resistance, the patient acts out infantile experiences to avoid conscious remembrance of them. This leads on the part of the ego to a defense which is directed against the analysis because the analyst has become, in the transference, the representative of the emotional tendency against which the ego has to defend itself. The transference thus serves the repression which the analysis aims to abolish. When our patient makes a father image of the analyst—acts towards him as he would towards his father—he has created the relationship in order to avoid remembering forbidden emotional trends towards the father. Freud writes in *Recollection, Repetition and Working Through*, 'The greater the resistance, the more extensively will expressing in action (repetition) be substituted for recollecting'.<sup>3</sup> By acting them out in the analysis, resistances, no matter from what source, become transference resistances.

The analyst's task is to overcome this transference resistance which hinders the progress of the psychoanalytic process. The analyst thereby finds himself in a difficult situation, for he is the object of the emotional repetition operating in the patient in order to hinder the recollections for which the analyst asks. So the analyst has to contend with a vicious circle into which it is necessary for him to break. The analyst's only weapon is the interpretation of the resistance. An understanding of this acting out has necessarily to precede the interpretation of the resistance. The fact that the acting out, since it forms the transference resistance, contains the material against which the resistance arises, makes it possible for us to gain the understanding of the resistance which is necessary for the interpretation. In the manner of expression of the acted out psychic tendencies, in their temporal connection with certain accessory circumstances reported innocently by the patient, possibilities of understanding and recognition lie open to the analyst. Often transference dreams shed light on the particular infantile object and on what will be repeated in the analysis to serve the purpose of the resistance.

<sup>3</sup> Coll. Papers, II, p. 370.



In this case, the transference became comprehensible very early. The symptomatic act which was reported in the fourth analytic hour—of stealing during puberty his father's money from his mother in order to visit prostitutes—and the dream of a few weeks later of the police wanting him on a charge of embezzlement, made the transference situation and the defense against which it was developed immediately clear. This was so much clearer because the hatred which the patient directed against capitalists extended also to the police whose protection of the capitalists made him furious. His ego was defending itself against making the discovery of his own hostile wish to castrate his father. This defense took the form of anxiety because following the dream of embezzlement, the patient developed the fear that some hostile thought about the analyst might occur to him. He repeatedly found himself thinking he could steal some merchandise from a wholesale merchant who had befriended him by giving him large sums of money. He became greatly frightened over this thought because it was exceedingly painful to him to confess it in the analysis. He had frequently in his associations linked the analyst with this merchant in various dreams.

Soon after these connections were recognized, an interpretation of his transference resistance was made to the patient. It consisted of explaining to him, illustrated by the corresponding material, that he was acting towards the analyst as he had towards his father and that he was doing it, although unconsciously, in order to hinder the further progress of the analysis. The analyst tried to make it clear to him that the hostility towards his father, which to some extent was still not conscious, could not be analyzed if he developed the unconscious hostility and consequent anxiety towards the analyst that he formerly had for his father. His attention was drawn to the fact that his fear of hostile thoughts towards the analyst was a result of his inner inclination to such thoughts and proof of unconscious hostility to the analyst.

When an analyst interprets the transference resistance, he opposes the ego of the patient, as the organ controlling reality,



to the instinctual activity reënacted in the transference. During the transference, the patient's ego is influenced by instinctual strivings of the id to which, in our case, it reacts with anxiety. The analyst assists the ego, attacked by the id, offering it the possibility of an identification which satisfies the reality testing needs of the ego. This identification of the reality testing parts of the patient's ego is made possible by the fact that the analyst continuously observes and interprets to the patient the psychological situation without prejudice.

The invitation to this identification comes from the analyst. From the beginning of treatment, comments are made by the analyst about the work they will have to accomplish in common during the cure. Many phrases such as, 'Let us recall what you dreamed, or thought, or did there', used by the analyst contain this invitation to identification with him as it is implied every time the analyst uses 'we' to refer to the patient and himself. This identification with the analyst is based first on the patient's wish for recovery and second on the positive transference. The latter plays the most important part. On the other hand however, unconscious parts of this libidinal factor can interfere with the therapeutic process.

In our patient, acceptance of the father's authority contributed much to the readiness for the identification, but the unconscious passive feminine attitude with the resulting danger of castration increased anxiety to a point where the positive transference operated in the direction of the transference resistance. This identification is based finally on a narcissistic satisfaction resulting from the participation in the intellectual work of gaining insight during the analysis.

The analyst therefore tries by means of interpretation to separate those parts of the patient's ego that face and assess reality, from another part which functions in carrying out the unconscious instinctual wishes, or works to suppress those wishes which create the anxiety reaction. By interpretation, the analyst keeps the reality testing parts of the ego from being flooded by the material reënacted from the past in the transference situation. The dynamics for this purpose are obtained

by the analyst from the identification of the patient with himself. Through the interpretation the analyst tries to strengthen the ego, even if temporarily, against the instinctual acting out. The possibility of identification with the analyst—so necessary for the interpretation—is a *conditio sine qua non* for analytic treatment.

Separating the part of the ego occupied by the unconscious from its reality testing function cannot be accomplished with one interpretation but by long repetition. The interpretation may be strengthened in the meantime by the convincing power of newly emerging material. The identification grows through stronger support from the intellect, or becomes more efficacious through a libidinal reinforcement of the identification. Often the separation of the ego from instinctual activity in the beginning of analysis lasts only a short time—perhaps only one analytic hour or a portion of an analytic hour—and acting out of instinctual drives immediately afterwards reasserts its dominance over the ego. In these short phases however in which acting out is interrupted with the aid of identification with the analyst, to this brief dynamic effect of temporary identification, a topographical change may be added: to the acted out material some recollection may rise to consciousness. With this topographical change the temporary strengthening of the ego through identification with the analyst becomes a permanent strengthening owing to the enlargement of the ego's control over hitherto inaccessible parts of the unconscious.

Comprehension of the analysis of the transference was not very great in the beginning with our patient. His ego was too greatly occupied with the defenses against the instincts and with the defense against anxiety. Interpretation, however carefully made, increased his anxiety and his submissiveness. Later he came to recognize the parallel between the feared father and the analyst and to recollect instances of fear of his father which to a great extent he had forgotten.

First he remembered the anxiety he had felt immediately after his father's death. He failed to arrive in time for the funeral—the father died abroad—although he could easily have



been present, since he had known beforehand of the father's serious illness and approaching death. Next he remembered the first night he spent at home after his father's death and how, because of his fear, it was impossible for him to sleep alone. Finally, he recalled the terrible attack of anxiety he had when in going through his father's clothes he held in his hands the trousers which his mother told him his father had last worn. In horror he threw the trousers into a corner of the room and for twenty-four hours did not dare to reënter the room. He then related a strange event which had occurred during his puberty. He had masturbated since his fifteenth year, often with conscious fantasies about his mother. One day, when he was seventeen, he had a headache, went to bed and masturbated to get rid of it, but the headache grew worse and he felt miserable, dizzy and numb. He became feverish during the night, and the doctor called in the morning and declared the illness to be influenza.

The father was greatly distressed about this illness of his son whom he so much loved, and on the following day had a fainting attack with convulsions and foamed at the mouth. This was the first of a short series of attacks which the doctor diagnosed as epilepsy related to cerebral arteriosclerosis. Our patient attributed his own illness to the masturbation and had been afraid that the doctor in examining him would make the discovery. His reaction to the father's attacks was one of intense anxiety and a bad feeling of guilt, for unconsciously he connected the father's attacks too with his own masturbation through which he considered he had become ill, thus causing his father's excitation and worry. The temporal connection between his masturbation and the father's first epileptic attacks was taken as a manifestation of magic and owing to his constant death wishes, he identified the epileptic with the cardiac attacks. After this he refrained to a great extent from masturbating and also from stealing money. The father's attacks of angina pectoris he identified with the epileptic ones, thus connecting the death of his father with masturbation. Subsequent to the father's attacks of angina pectoris he ceased entirely to

masturbate and it was then that the first neurotic symptoms appeared in the form of depression, fear of suffocation when eating, constipation and pruritus ani.

Through the repeated interpretations of the transference resistance, a first step was taken towards bringing the unconscious to consciousness, for the patient remembered his fear of his father. He did not however lose his fear of the analyst, but the process of controlling this anxiety was initiated by the fact that, through the interpretation, a part of the acted out material was transformed into recollection and thus the original object of the anxiety became distinctly recognized as such. Simultaneously the patient's feeling of hatred increased, not against the analyst towards whom he had become on the contrary more servile, but against capitalists and against the Christian race to which the analyst belonged and towards which the Jewish patient always felt hostile and at the same time fearful. It was not difficult to show him that he had displaced his hatred from the analyst to capitalists, partly satisfied it by his racial hatred.

One day after he had had another outbreak against capitalism and in his rage had expressed the opinion that things could not be better until two hundred company directors had been hanged, he had the following dream: the analyst is standing beside his desk. He hurriedly sees and dismisses one patient after the other, talking to them in Czech. He earns a great deal of money.

The writing desk the patient recognized as that of his former director. He had always hated the Czech nation and my name is of Czech origin. The capitalist is to him a substitute for his own father, for the latter possessed the money the patient was obliged to steal in order to go to prostitutes (mother). The money in this case has the typical significance of the penis—the potency of the father.

A dream he had much later in his analysis confirmed this symbolic significance of money and merchandise in a most striking fashion. Following an outbreak in which he dared to insult the analyst quite openly, he dreamed that a police



officer was handling him very roughly. The following day in the dream, he went to the same place to deliver some merchandise and as he handed over the goods from his sample case, he saw that they were all male sexual organs. This dream represents the development of his passive feminine character. It was possible for the patient to take the servile attitude which enabled him to eliminate every direct manifestation of hate because this attitude gave him a libidinous satisfaction which in the past he had obtained by the passive feminine surrender to his father and which was relived in the transference.

In comparison with the dream in which the patient is wanted by the police for embezzlement, the other dream in which the analyst standing at his writing desk is earning a great deal of money, shows the progress from anxiety to manifest hatred that is only hinted at first in dreams. This inner change caused by the continuous influence of the interpretation became much clearer in a symptomatic act which occurred in the sixth month of the analysis.

One day as the patient was leaving the analytic hour, he was accosted in the street by a man who wanted to sell him silk stockings at a very low price. The patient was sure that they were stolen goods, but despite or rather because of this, he went into a doorway with the man and bought six pairs of the stockings from him. Immediately afterwards he was afraid that I might have seen him from my window. In his unconscious, stealing and receiving stolen goods were identical; the neighborhood of my house and the time the incident had occurred which was just after the analytic hour, made the action appear to him as though it had been committed against me. On the same day he imposed on himself a punishment, a kind of symbolic castration. Then he discovered that the man had only given him three pairs of stockings instead of six, and that they were of very inferior material. Soon after he had given the stockings to his fiancée for whom he had bought them, he broke an object which he liked very much. He avoided for weeks afterwards going through the street where the incident had occurred—my apartment being also



accessible from another street—because he was afraid the police might have seen him and arrest him for receiving stolen goods.

The patient repeats in the transference a symptomatic act of his puberty, the symbolic castration of the father, followed by anxiety and self-punishment. The progress from development of anxiety to acted-out manifestations of hatred and the active castrative wish corresponds to a dissolution of anxiety accomplished by two factors. First, the interpretation of the anxiety in the analytic transference serving the resistance. Consciousness of his fear of his father and the strengthening of the ego connected with it, made possible the dissolution of anxiety through recognition of the difference between reality and infantile fantasy. Second, the absence of any affective reaction on the part of the analyst is of important significance for the dissipation of the anxiety. The reaction of increased anxiety and passivity to the initial interpretation is related to the patient's expectation that the analyst would react with anger and retaliation to the discovery of the hatred which the patient felt for him. When this did not occur and when his increasing hatred against capitalists and the revelation of the fact that this hatred too was directed against the analyst and had merely been displaced, was also not followed by any rebuke or withdrawal of interest from the psychological situation—the objective observation and explanation still being carried on by the analyst—the patient was able to recognize that some of his anxiety was irrational. The interpretation was now able to be effective because infantile material was recollected and recognized as belonging to the suppressed and displaced hatred. The very lack of emotional reaction on the part of the analyst made it easier for the patient's ego to observe the transference in identification with the analyst on a reality basis. The analyst's objectivity showed that he considered the patient's hostility belonged not to the actual situation, but to the forgotten infantile past. We know however that just this lack of emotional reaction on the part of the analyst may afford an opportunity for the development of severe transference resistances. It serves excellently to establish a continuous reaction



of disappointment in a patient. If this kind of disappointment had been experienced in childhood by the patient, it would often be repeated in the analysis, with the analyst as object, to serve the purpose of the resistance. It could only be overcome through the interpretation of the resistance character of the repetition by strengthening the ego through identification with the analyst.

The time required for the dissolution of resistances was discussed by Freud in his paper, *Recollection, Repetition and Working Through*.<sup>4</sup> There Freud speaks about the slight effect of a single interpretation of the resistance and about the necessity for repetition over a long period of time. This repetition is the 'working through' of resistances and is compared with the 'abreaction of quantities of affects'. When the analyst draws the patient's attention to his repetitive acting-out in the transference, the effort has often only a very momentary effect; the quantitative effect is a very slight one in comparison with the powerful mass of resistance. If we imagine the quantity of energy involved in a single interpretation in comparison with the enormous quantity of transference resistance, we can apply to the situation the physical principle of energy in the following formula:  $\text{work} = \text{energy} \times \text{distance}$ . According to this formula the work of the dissolution of the resistance by means of the slight effect of our interpretation can only be accomplished when the distance is correspondingly great; therefore the distance, in our case expressed in time, for the 'working through' of the transference resistance is necessarily a long one.

The quantity of the transference resistance is to a great extent dependent on the quantity of other resistances. Resistances have the tendency to accumulate wherever there is a favorable opportunity to withstand the analysis. In most cases the transference offers the best opportunity. In the case used for illustration, for example, we see that the resistance coming from the compulsive repetition, from the unconscious feeling of guilt and from the resistance by repression, takes part in building up

<sup>4</sup> Freud: *Coll. Papers*, II, p. 366.

the transference resistance. Freud speaks of the transformation of resistances into negative, hostile transferences;<sup>5</sup> it is on account of this transformation that the dissolution of the transference resistance so often becomes the chief task of the therapeutic work. In the case of our patient, the analysis finally showed the development of anxiety in the transference to be castration anxiety which had arisen from infantile masturbation with accompanying incestuous wishes towards the mother and the hatred and castration wishes towards the father. In the analytic situation, the same castration anxiety developed which had been the reason for the repression of the infantile masturbation. Thus this infantile masturbation is the last determining factor in the development of anxiety in the analysis. If the resistance resulting from this anxiety is augmented by the addition of other resistances, then the final resistance in the analysis cannot be considered as an index to the amount of the genuine infantile anxiety; for the anxiety resulting from infantile masturbation, on account of its particular capacity for being used as a resistance in analysis, becomes the nucleus of crystallization or the basis for the addition of all the other resistances. In a footnote to his paper *The Dynamics of the Transference*, this idea was alluded to by Freud. The footnote I shall quote belongs to the following sentence in the text: 'Over and over again, when one draws near to a pathogenic complex, that part of it which is first thrust forward into consciousness will be some aspect of it which can be transferred; having been so, it will then be defended with the utmost obstinacy by the patient.' The footnote says: 'From which however one need not infer in general any very particular pathogenic importance in the point selected for resistance by transference. In warfare, when a bitter fight is raging over the possession of some little chapel or a single farmhouse, we do not necessarily assume that the church is a national monument, or that the barns contain the

<sup>5</sup> Freud: *Introductory Lectures on Psycho-Analysis*. London: Allen & Unwin, 1922, p. 379.



military funds. Their value may be merely tactical; in the next onslaught they will very likely be of no importance.' <sup>6</sup>

The dissolution of the transference resistance means then not only the dissolution of the resistance resulting from the genuine infantile castration anxiety but also a liberation of the supporting resistances which often can only later be separately dissolved, because during the phase of the violent acting-out in the transference these resistances are not accessible to interpretation and dissolution. I have the impression that the supporting resistances do not cause an increase of the anxiety, though they do make it more refractory to dissolution in the analysis. The problem of quality will have to be the subject of a further examination.

<sup>6</sup> Coll. Papers, II, p. 317.

# THE STRUCTURE OF THE EGO

BY ISADOR H. CORIAT (BOSTON)

Recent psychoanalytic literature on the multiple functions of the ego, its defensive mechanisms, reality testing function, and its relationship to the peripheral organs of the body is quite abundant, but very little has been written on the structure of the ego itself. It has been emphasized that one of the most important tasks of psychoanalysis is a deeper investigation into the structure and functions of the ego.<sup>1</sup> Anna Freud has written a book<sup>2</sup> devoted to this recent development of psychoanalysis. Its chief concern is not with instinctual drives themselves, but with how and why the ego deals with these instincts either by rejection or mastery.

This paper is based on fundamental investigations in cerebral anatomy and physiology from which certain tentative theoretical formulations may be postulated concerning the structure of the ego, particularly its psychology and its relations to the architecture and function of the cerebral cortex. The inquiry will be limited to the ego as a perceptive apparatus which maintains contact with reality, rather than to its repressive activities. The structure of the ego is a topographic as well as a dynamic problem; closely related are not only the functions of the cerebral cortex but also its cytoarchitecture.

Such a theoretical interpretation and reconstruction may be useful to develop more practical concepts, though it is impossible in our present state of knowledge to bridge the mental and the physical. Some years ago Jacques Loeb<sup>3</sup> called atten-

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<sup>1</sup> Coriat, Isador H.: *Current Trends in Psychoanalysis*. *Psa. Rev.*, XXV, 1938.

<sup>2</sup> Freud, Anna: *The Ego and the Mechanisms of Defence*. London: Hogarth Press, 1937.

<sup>3</sup> Loeb, Jacques: *Comparative Physiology of the Brain and Comparative Psychology*. New York: G. P. Putnam Sons, 1903. *The Significance of Tropisms for Psychology*. *Popular Science Monthly*, August, 1911.



tion to an analysis of the mechanisms which give rise to psychic phenomena, particularly the process of associative memory whose elements he speculated constituted the ego. He believed the answer could be found to a certain degree in the theory of tropisms, emphasizing the errors which could enter into any such conception. More modern work on psychosomatic relationships has helped a little to elucidate the problem. It has been stressed that the ego behaves actively towards the instinctual life—a disposition to dominate or to incorporate it into its organization. The ego system thus becomes a direct instrument for regulating instincts as shown by the frequently observed resemblances between the sensorimotor disturbances of small cortical lesions and the disturbances of conversion hysteria.<sup>4</sup>

It must be emphasized that the ego, or indeed any part of the mental apparatus, has no boundaries. The concept *ego* is merely a convenient designation for general dynamic processes such as reactions to reality or the operation of a multiple synthetic functioning. The term 'ego' does not in itself explain its specific properties or its structure, because its functions are dependent on the topography of the brain, particularly the cerebral cortex, the most recently developed part of the brain. Some experimental physiologists have claimed<sup>5</sup> that the localization of function, although of considerable clinical importance, has been of little value for understanding brain mechanisms; yet it appears that the unitary and multiple ego functions are directly dependent on the architecture of the cortex through the intracortical connections by means of the systematic distribution of cells and axons.

In his discussion of the development of the neocortex, Kappers<sup>6</sup> has pointed out that it serves as a great reservoir of

<sup>4</sup> Waelder, Robert: *The Principle of Multiple Function*. This QUARTERLY, V, 1936. Stone, Leo: *Concerning the Psychogenesis of Somatic Disease*. Int. J. Ps., XIX, 1938.

<sup>5</sup> Lashley, K. S.: *Brain Mechanisms and Intelligence*, Chicago: Univ. of Chicago Press, 1929.

<sup>6</sup> Kappers, C. U. Ariens; Huber, G. Carl; Crosby, Elizabeth C.: *The Comparative Anatomy of the Nervous System of Vertebrates, Including Man*. New York: The Macmillan Co., 1936.

various functions and for the control of the activities of the subcortical centers through a vast system of projections which have reached their highest evolution in man. Thus the complexity of the ego parallels the degree of development of the cortex though it can regress from this high stage of evolution to incomplete regression in neuroses, and in psychoses to a more nearly total regression.

Psychoanalysis was formerly regarded almost exclusively as the science of the unconscious, a so called 'depth psychology'. More recently, due to the further investigations of Freud,<sup>7</sup> interest became more definitely focussed on the integrating functions of the ego, its contents, and boundaries. Less had been known about the ego because its mutable structure is more complicated than the immutable structure of the more primitive id.<sup>8</sup> With the introduction of the concept of narcissism, theories of ego function became widened.

The components of the psychic personality vary greatly in their accessibility to analysis. Mental processes in the ego are affected not only by the demands of reality but also by the action of the superego and the id which control its functions; part of these processes is superficial and conscious, another part deep and unconscious.

Psychoanalysis is an investigation of the total personality, but there are individuals in whom the abnormal functioning of one or more parts of the psychic apparatus predominate. In some, it is the reality demands of the ego; in others, the instinctual impulses of the id; in still others, the demands of the superego motivate the symptomatology.

Ego domination tends to produce the realist; superego dominance the obsessive and conscience-ridden individual; id domination, an irresistible control by instinctual drives. All parts of the psychic apparatus operate as a unit but one part

<sup>7</sup> Freud: *Beyond the Pleasure Principle*. London: Int. Ps. Press, 1922. *Group Psychology and the Analysis of the Ego*. London: Hogarth Press, 1922. *The Ego and the Id*. London: Hogarth Press, 1927.

<sup>8</sup> See on this point, Anna Freud: *loc. cit.*, pp. 152-3; also, Freud: *New Introductory Lectures on Psycho-Analysis*. London: Hogarth Press, 1933, pp. 104-5.



seems in each individual to predominate, often to excess; this overdetermination produces a character type, the content of a neurosis or the particular disposition to or choice of a neurosis. Of the three, the ego is most prominent because it is subjected to stimuli from the external world, to the frustrating effects of the superego, and to instinctual drives of the deeply repressed id.

The ego is changeable. It has great capacity for transformation which is mediated by the complex cytoarchitecture of the cortex and its vast system of projection pathways. Corresponding to the development of the cortex, the relatively feeble ego of childhood becomes the relatively strong ego of puberty and adult life. In the ego, associations of ideas are modified and the cathectic reactions undergo a change not only because of the demands of reality, but also through the exaction of the superego and the incursions from the impulses of the id. This mutability and modifiability of ego processes, that is to say its multiple functions, are dependent on the various cortical pathways. Sometimes the ego succeeds in repressing; sometimes it is dominated by an inner id danger or superego demand, producing anxiety.

The ego, according to Freud, is the most superficial part of the mental apparatus situated nearest to the external world. It is therefore more permeable than either the id or the superego. Its boundaries are fluctuating and it is continually changing its periphery through cathectic processes. For this reason Federn<sup>9</sup> believes that 'since ego boundaries and their cathexis depend upon our mental orientation and the correct distinction of the real from the unreal, ego cathexis is the most important of all mental processes'. Of course the definition of ego boundaries does not illuminate the fundamental essence of consciousness.

In his various writings, Freud has given stimulating hints on the structure of the ego. In *Beyond the Pleasure Principle* (1922), he emphasized that consciousness cannot be the most

<sup>9</sup> Federn, Paul: *The Undirected Function in the Central Nervous System*. Int. J. Ps., XIX, 1938.

general characteristic of the psychic processes, but merely a special function of them. Accordingly he stated that perceptual consciousness (ego) 'must lie on the boundary between the outer and the inner, must face towards the outer world, and must envelope the other psychic systems. . . . In this assumption we have ventured nothing new, but are in agreement with the localizing tendencies of cerebral anatomy which places the "seat" of consciousness in the cortical layer, the outermost enveloping layer of the central organ. Cerebral anatomy does not need to wonder why—anatomically speaking—consciousness should be accommodated on the surface of the brain, instead of being lodged somewhere in the deepest recesses of it.' However recent work in neurophysiology, as will be stated below, does not seem to confirm this statement that consciousness lies exclusively on the surface of the brain.

In the *Ego and the Id* (1927), Freud states that the ego includes consciousness, and adds that 'consciousness is the *superficies* of the mental apparatus; that is, we have allocated it as a function to the system which is situated nearest to the external world. Incidentally, on this occasion, the topographical terminology does not serve merely to describe the nature of the function, but actually corresponds to the anatomical facts. Our investigations, too, must take this surface organ of perception as a starting point. . . . The ego is first and foremost a body-ego; it is not merely surface activity, but it is itself a projection of a surface.' An authorized note to this description by the translator reiterates that the ego is ultimately derived from bodily sensations; it may thus be regarded as a mental projection of the surface of the body besides representing the superficies of the mental apparatus.

While one surface of the ego is directed towards the instincts—what may be called its inner perception—the other surface is exposed to sense perceptions and external reality. The conscious ego is synthetically plastic in adjusting to inner and external stimuli. When this plasticity is lost or diminished, the ego is impaired in its capacity for multiple functioning and associations of ideas are blocked, as in schizophrenia, or become



abnormal as in the psychoneuroses which are compromises between instinct and ego defenses.

This concept harmonizes with Sherrington's statement<sup>10</sup> that the cerebrum may be regarded as the ganglion of the distance receptors. In a later publication Sherrington<sup>11</sup> finds a physiological parallelism for this concept of the body ego derived from bodily sensations. According to this viewpoint, the brain is a receiving station, not directly open to the outer world but responsive to bodily events which share in activating the brain. This physiological viewpoint does not seem to agree with Freud's statement that consciousness is on the surface of the brain. Sherrington writes,<sup>12</sup> 'Mental action lies buried in the brain, and in that part most deeply recessed from the outside world, that is, furthest from the input and output. . . . It may be that in those parts of the brain which may be called mental, nerve actions exist still unknown to us and that these may correlate with mind.' This last statement may be interpreted to correspond to a physiological correlate of the psychological id, or to what Freud has termed the kernel of the ego, the unrecognizable material of imageless thought.

It seems then that what may be termed the structural psychology of the ego is a general type of dynamic process which would explain its specific properties and structure. Whether or not its functions are dependent upon the topographical arrangement of the brain, particularly the cerebral cortex, is a question that merits serious consideration. The cortex may be considered as a chain of neurons built on the plan of the reflex arc. However according to Fulton,<sup>13</sup> there is no basis for considering the cortex as composed of several layers, each with specific and primordial functions such as reception, association, projection. It is, rather, a unitary sys-

<sup>10</sup> Sherrington, Charles: *The Integrative Action of the Nervous System*. New York: Charles Scribners Sons, 1906.

<sup>11</sup> Sherrington, Charles: *The Brain and Its Mechanism*. Cambridge, England: University Press, 1933.

<sup>12</sup> *Ibid.*

<sup>13</sup> Fulton, J. F.: *Physiology of the Nervous System*. New York: Oxford Univ. Press, 1938.

tem formed of chains of neurons whose impulses are synchronized at the level of the architectonic layers and sublayers. Probably in certain phases of cortical activity the cells of the various layers discharge a more or less synchronous volley of impulses. The important subcortical levels and the pyramidal projections arise in many parts of the cerebrum and are in direct anatomical and physiological connection with the cortex. This excitability of cortical elements is subject to exhaustion as shown by the fact that they become unresponsive after a focal epileptic seizure. Nevertheless electrical records of cortical activity show that it is almost never completely absent. It becomes so only when the brain is almost completely anemic or in nearly lethal anæsthesia. This would agree with the freudian hypothesis that the most promising insight into the nature of consciousness reveals itself to us in the determinations of neuron excitement.<sup>14</sup> Therefore, according to Bleuler,<sup>15</sup> thinking may become perfectly intelligible from association mechanisms combined with the drives which determine the dynamics and the direction of association.

Federn<sup>16</sup> maintains that the extent of the state of cathexis which constitutes the ego varies. Its boundary at any given moment is the ego boundary and, as such, enters consciousness. In psychoses and dreams the ego boundaries have either lost their cathexis or have not had it restored; consequently, the shifting reality testing is either defective or absent.

The viewpoint of the anatomists is somewhat similar. According to Campion and Smith,<sup>17</sup> consciousness has its neural correlates in a continuity of neural impulses from thalami to cortex and from cortex to thalami along the multitudinous thalamo-cortical and cortico-thalamic paths in the thalamic

<sup>14</sup> Freud: *The Interpretation of Dreams*. New York: The Macmillan Co., 1913, p. 428.

<sup>15</sup> Bleuler, Eugen: *Mnemonic Biology and Psychology*. J. of Nerv. and Ment. Dis., LXXXVII, 1938.

<sup>16</sup> Federn, Paul: *The Awakening of the Ego in Dreams*. Int. J. Ps., XV, 1934.

<sup>17</sup> Campion, George G. and Smith, Grafton Elliott: *The Neural Basis of Thought*. New York: Harcourt, Brace & Co., 1934.



radiation. Rossett<sup>18</sup> emphasizes, as a result of extensive investigations of brain anatomy with a new technique, that the synthetic function of the ego is due to the intercortical pathways and it is these intercortical systems which constitute the apparatus of consciousness.

According to Kappers,<sup>19</sup> in the higher vertebrate forms (primates and man) certain cortical centers are so essential in the activities of the individual that they cease functioning when the cortical centers are destroyed. If 'ego' be substituted for 'activities of the individual', the relationship of ego function as dependent upon cortical structure becomes more evident.

What is the psychological meaning of this anatomical and physiological information? What light does it shed on the structure of the ego? And if we understand this structure theoretically, can we hope better to appreciate the various functions of the ego as they have been described in psychoanalytic literature? It is to these questions that we direct our attention.

Ego function in the newborn child consists essentially of an attempt to attain a state of satisfaction by wishing and by ignoring reality.<sup>20</sup> The reality testing function of the ego has not yet developed. The ego is weak and immature and has not become organized. The medullation of the brain is incomplete. The fully developed ego is not completely controlled as it is in the young infant by the pleasure principle but must take into account the reality principle. This transition is one of the most important advances in the development of the ego.

The newborn child brings into the world only an ego of narcissistic bliss continued from intrauterine existence. Soon however, probably from the state of oral tension in nursing, it begins to lose its narcissistic ego bliss and becomes exposed

<sup>18</sup> Rosett, Joshua: *Intercortical Systems of the Human Cerebrum*. New York: Columbia Univ. Press, 1933.

<sup>19</sup> Kappers: *Loc. cit.*, II, p. 1664.

<sup>20</sup> Ferenczi, S.: Stages in the Development of the Sense of Reality. In *Contributions to Psychoanalysis*. Boston: Richard G. Badger, 1916. Chap. VIII.

to anxiety situations. The immature ego gradually becomes the organ for testing reality and gradually increases its level of cathexis. As Nunberg<sup>21</sup> points out, until the superego is formed and acts as a monitor of brain activity, the ego has but a single task: it acts only as an intermediary between the inner and the outer world, between the id and reality; it lacks repressive activities and multiple synthetic functioning.

The ego is that part of the id which has become modified due to its relation to the external world; it represents the external world for the id and by a dynamic force termed repression, prevents the id to a certain extent from gratifying its instinctual drives. Because the ego shades imperceptibly into the id, a great deal of the ego is id. It is unconscious and this unconscious part of the ego, as previously indicated, is termed by Freud 'the kernel of the ego'. Only part of this kernel becomes conscious. Part of the ego is preconscious and latent, but capable of becoming conscious. The real unconscious ego is that part which lies nearest to the id and like the id is dynamically unconscious.

The conscious elements of the ego are formed from the perceptive system; the preconscious from those elements just outside the ego perception boundaries; the unconscious part of the ego, its central nucleus, consists of elements which have been deposited from perception; the superego, from introjection of specific experience related to the œdipus complex.

The ego includes consciousness and the reactions of motility—discharges of excitations into the external world from the body. These functions correspond to Nunberg's<sup>22</sup> classification of a *perceptual ego* of ideational material and affects, and a *kinetic ego* which influences the motor apparatus. These functions correspond to general cortical activity and also to the activity of the pyramidal pathways which have their cells of origin in the motor cortex. Freud says that a psychic process generally takes its course from perception to motility. This 'perception' is probably synonymous with the activity of

<sup>21</sup> Nunberg, H.: *The Synthetic Function of the Ego*. Int. J. Psa., XII, 1931.

<sup>22</sup> *Loc. cit.*



the ego. Freud<sup>23</sup> therefore concludes that the psychic apparatus must be constructed like a reflex apparatus.

Because it is superficial, the ego is exposed to three potential sources of danger: from the external world, from the primitive id, and from the severity of the superego. It is only when the ego has sublimated the instinctual forces of the id that creative activity can take place. The ego not only creates but binds itself to the id and the superego; it has a synthetic function. When this synthetic activity disintegrates, mental illness results, notably in the schizophrenic psychoses and paresis, the latter being the direct result of physical changes in the cortex, the central organ of the ego. For this reason, Ferenczi terms paresis a cerebral pathoneurosis.

It is the anticipation of tension or danger from the instinctual drives or from external reality which produces that change in ego functioning which is termed anxiety. This anxiety in turn acting as a danger signal leads to body reactions to minimize or avoid the danger, for instance, by flight as a protective measure. Therefore one of the ego functions is a purposeful biological activity. The functions of the ego are regulated by several trends which proceed from the outside world, from inhibitions of gratification and from prohibitions of its monitor, the superego. One of the aspects of this ego function is to keep the amount of excitation or danger signal at as low a level as possible because the ego is more completely controlled by the reality principle than by the pleasure principle. The pleasure principle however does participate as shown by the fact that neurotic symptoms are maintained and supported by the ego because the ego gains advantages through neurotic illness. It is this attempt of the ego to maintain its supreme omnipotence which in analysis produces resistance.

However the kernel of the ego is unconscious; only a part of it is conscious or preconscious. The more the ego is pushed by analytic interference from its position, the more strongly it attempts to maintain and entrench itself. Repetition of these

<sup>23</sup> Freud: *The Interpretation of Dreams*. New York: The Macmillan Co., 1913, p. 426.

attempts at entrenchment gives the ego a greater sense of security; it is threatened with a loss of security when repressed elements bombard it.

According to Freud, analysis gives the ego freedom to choose one path or another. It is the ego which masters the instincts, replaces the pleasure principle by the reality principle. This power has evolved parallel with the development of the cortex. The structural psychology of the ego is a dynamic process, dependent upon the topography of the brain, particularly its cytoarchitecture. It is suggested that the volleys of neuron impulses arising from the cortical layers and sublayers are responsible for the multiple function of the ego, for the ego must be considered as having multiple functions, rather than a static structure.

The ego organization is a complex of brain functions, of repeated connections of conceptions, associations and memories gained through experience. Anatomical pathways within the nervous system point clearly to relationships whose connections are synchronized. The complicated association apparatus of the cerebral cortex is of relatively recent evolution. It functions through the intercortical pathways which are the repositories of associated neurons. All nerve impulses are very much amplified by spreading through these complicated association pathways. It is the activity of the association systems of the cerebral cortex that produces the subjective phenomena of thought.

How does analysis affect the cortex in terms of ego structural psychology? Probably the ego becomes modified through the forcing of free association, through the introjection of the analytic situation. As a result, it can be postulated that thereby the ego is not only strengthened in its reality testing function and its safety margin raised, but possibly also the ego boundaries are increased in the positive transference, decreased and weakened in the negative transference. It is these modifications which contribute to therapeutic success or failure. We would thus have not only a 'topographic' effect of the analytic process but a 'functional' one as well. Finally, these



so called topographic and functional elements are responsible for the transference, in that the increase of ego boundaries and the strengthening of the ego function tend to permit a freer expression and flowing of those energies which are resident in the cerebral cortex, a literal 'working through' of the ego resistances.

Analytic introjections prevent the ego to a limited extent from manufacturing defenses. The effect on the ego is to increase its boundaries, unite, assimilate, in what may be called multiple synthetic functioning. The ego becomes stronger, assimilates the id impulses, becomes less inimical and less alien to the superego, so that its reality function is expanded and increased in strength. When a person with a weak ego in the course of analysis becomes more aggressive and dominating, it can be surmised that the analytic introjection has strengthened the ego function through the formation of new association pathways.

In anxiety situations where the ego is overwhelmed by instinctual drives, the effect of analysis is so to strengthen the ego that it can master these drives even though the instinctual energy remains unchanged. This strengthening is the result of new cathexes resulting from free associations and manifesting itself in a clinical improvement.

Benedek<sup>24</sup> finds that mental processes are correlated with different ego cathexes. The greater the anxiety and aggression, the weaker the ego, whereas a more strongly cathected ego maintains a better relationship with environment and objects; hence therapy fortifies the ego by diminishing aggression and anxiety and increasing its libidinal cathexis.

The process of free associations forms new and controlled association pathways which strengthen the ego and expand its functions. The inroads of the id into the ego give place to a counterattack of the ego upon the id.<sup>25</sup> In this double attack however, the instinctual forces remain unchanged. In

<sup>24</sup> Benedek, Therese: *Mental Processes in Thyrotoxic States*. This QUARTERLY, III, 1934.

<sup>25</sup> Freud, Anna: *Loc. cit.*

fact, many abnormal ego reactions are not pathological products but in reality are attempts at recovery, a process of cathectic reconstruction as Freud so well demonstrated in the Schreber case.

In a recent paper by Freud,<sup>26</sup> it is emphasized that analysis produces a state in the ego which never occurs spontaneously. Analysis enables the mature ego to review old repressions with the result that some are lifted and others reconstructed from more solid material. In the analytic situation, certain parts of the id are subdued and included in the synthesis of the ego. The task of analysis is to secure the best possible psychological conditions for ego functioning.

Whatever the ultimate nature of the energy of the cortex, electrical or otherwise, it absorbs it, so to speak, not only from surroundings but also from the various receptors. It utilizes this energy in the form of memory and symbolic thought, but how or why or through what channels it is impossible to state. Probably the thalamic organization plays a preponderating rôle. The cerebral cortex exerts a controlling influence over the functions of the thalamus and the thalamus itself, as shown by the accumulating evidence of clinical and pathological observation, is the anatomical equivalent of the very threshold of consciousness (Rosett<sup>27</sup>). From the thalamus, nerve impulses proceed to the cerebral cortex, are there amplified by an innumerable number of association pathways, and it is these association pathways which form the neural basis of the ego. One of the ego's chief attributes is purposeful activity which is as well regulated psychically as the systematic organization and distribution of cells in the brain.

These correlations of ego function with brain topography can be supplemented and, to a certain extent, illuminated by recent investigations in psychosomatic interrelations.<sup>28</sup> The

<sup>26</sup> Freud: *Analysis Terminable and Interminable*. Int. J. Ps., XVIII, 1937.

<sup>27</sup> Rosett, Joshua: *The Mechanism of Thought*. New York: Columbia Univ. Press, 1939.

<sup>28</sup> See on these points, Leo Stone: *Loc. cit.* Also, Grinker, Roy R.: *Hypothalamic Functions in Psychosomatic Relations*. Psychosomatic Med., I, 1939.



ego is not only a function of the cerebral cortex, but also may become a direct instrument of instinctual levels, that is, the hypothalamic. It is suggested that this level corresponds to the id and is the main source of the adult unconscious. The hypothalamic drives are synonymous with id demands: its tension produces a conditioned danger signal within the ego. If the ego is unable to handle the situation, there results either anxiety or a visceral expression of organ dysfunction, producing an organ neurosis.

It is realized that this mass of psychological and physiological material is difficult to correlate, and until we know the exact nature of thought processes whether ego, superego or id, it is impossible to prove any exact dependence of the ego, for instance, upon cortical structure and function. Of course, it is generally admitted that there must be a dependence, but how or why or through what pathways, is a problem for the future to investigate.

In the paralyzes of the conversion hysterias, it is well known that ideas or complexes of ideas and emotions condition these paralyzes. But how an idea can be transformed into a physical symptom is a matter which up to the present has remained unsolved although it has been suggested that it is the result of the effect of the action of instinctual levels upon the ego system.

Possibly the electroencephalograph may throw some light upon the subject. In one such investigation<sup>29</sup> applying the technical procedure to analysis, no significant correlation appeared between the changes in the Alpha index and the clinical changes. There was, however, some correlation between the Alpha index and the instinctual trends as revealed by psychoanalysis. Of course such a procedure would have its difficulties, principally because the patient's knowledge that such a technique was being used might affect the results.

<sup>29</sup> Saul, Leon J.; Davis, Hallowell; Davis, Pauline A.: *Correlations between Electro-encephalograms and the Psychological Organization of the Individual*. Trans. Am. Neurol. Assn., 1937.

# INSTINCT DUALISM IN DREAMS

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## I

We are here presenting the second of a proposed series of investigations into the more important psychological phenomena considered from the point of view of the dualism of instinct, eros and death.

In view of the energetic opposition which the hypothesis of a death instinct has met, particularly in Wilhelm Reich's book, *Character Analysis*, we ought perhaps to begin by determining whether or not this freudian concept can be upheld and whether, in the latter case, the basis for our investigation is still valid. We think, however, that this is neither the time nor the place for such a survey. Since we are of the opinion that a correct polemic consists of the support of a thesis rather than of the refutation of an attack upon it, we propose in the present case to limit ourselves to a presentation of a new piece of evidence for the existence of the death instinct which, as Freud complains, 'is difficult to grasp, inarticulate, and hard to demonstrate'. We believe that we can present evidence which is perhaps clearer than that heretofore presented. Our arguments against Reich will therefore refer only to those of his contentions which in some way cross the particular path which we have chosen for ourselves.

We believe that we have found this new evidence in a phenomenon which, unlike others that have been considered in this connection, does not belong to the field of pathology. It belongs rather to the realm of the normal and represents a biological state anchored basically in the periodicity which so widely dominates organic life. We refer, as you may already have guessed, to *sleep*.

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While recognizing the strictest limitation of his own field, Freud never lost sight of the intimate bond between the psychical and the biological and their basic determination by the organic. He illustrated the relationship between the two fields of knowledge with the following: 'It is like the construction of a tunnel, which is almost always started from both ends at once. The psychologists from one side, the biologists from the other, will one day break through the last section, and grasp each other's hands.'

It does not seem necessary for the understanding of our argument to lay before you the whole rich and interesting field with which physiological investigations of the problems of sleep are continually occupied. For our purpose the following brief sketch should suffice.

In the literature dealing with the physiology of sleep we find two opposed views. One finds the cause and nature of sleep in certain states and processes in the brain. According to this view, sleep is ultimately a process in the nerve centers. These function as 'so to speak, great blockades which occur in the general network of the excitatory paths, bringing to a halt the trains of excitation which run into or through the centers from all sides'. This theory sees the mechanism of sleep in a 'blockade against excitation, which is ingeniously built into the life preserving nervous regulatory system'.<sup>1</sup> The other theory, supported chiefly by Economo and Pötzl,<sup>2</sup> is incomparably more far-reaching than the so called 'brain-sleep' theory. According to this theory sleep is by no means a localized process in the brain but rather a generalized process in which a general body sleep is distinguished from the localized brain sleep.

We believe that we are correct in assuming that Economo—who himself has greatly enriched the study of sleep by the discovery of the important sleep centers—is of the opinion that the theory of sleep centers neither has been, nor will be able to answer the question of the *nature* of sleep. For sleep is to be conceived of as a more primary, biologically generalized,

<sup>1</sup> Winterstein: *Sleep and Dreams*.

<sup>2</sup> Salomon: *Der Schlaf*.



alternating state which has in the central nervous system not its ultimate cause but only its regulating mechanisms, and this only in part. Sleep is a complex biological state which alters the functions of most of the organs not only by rendering them quiescent but often by inducing *qualitative* changes. It represents a periodic fluctuation within the general functioning of the organism which is not primarily dependent for its polarity upon the functioning of the central nervous system.

As one can see, there are wide differences between the two theories. But brushing aside all that separates them, both theories are admittedly deeply influenced by Freud's views on sleep. The psychoanalytic characterization of the state of sleep, as it is given for example in the Introductory Lectures to Psychoanalysis, is as follows: 'Sleep is a condition in which I refuse to have anything to do with the outer world and have withdrawn my interest from it. I go to sleep by retreating from the outside world and warding off the stimuli proceeding from it. Again, when I am tired by that world, I go to sleep. I say to it as I fall asleep: "Leave me in peace, for I want to sleep." . . . Thus the biological object of sleep seems to be recuperation, its psychological characteristic the suspension of interest in the outer world. Our relationship with the world which we entered so unwillingly seems to be endurable only with intermissions; hence we withdraw again periodically into the condition prior to our entrance into the world: that is to say, into intra-uterine existence.'

Let us now listen to a proponent of the 'brain-sleep' theory—Professor Winterstein. 'We have noted above that the cessation of muscular activity is *not simply a purely passive occurrence*. . . . Now we see that behavior in the realm of sensation is apparently quite similar to that in the realm of motility. Sleep is not simply a blotting out of the functions. It seems much more like an active withdrawal. It is not an *inability* to hear or feel, it is the wish not to hear or feel, turning a deaf ear, pretending insensibility—the wish "to be left in peace".'

Although Winterstein finds much in the freudian dream theory which is contestable, and argues vehemently against it,



he does not hesitate to emphasize 'how closely Freud's dream theory touches the modern theory of sleep, which explains the latter as an *active* process in the organism'.

The proponents of the general sleep theory acknowledge their adherence far more readily. For example, Pötzl writes: '... Freud's conception of sleep ... which has emerged from the purely psychic, is fully in accord with the results of the biological observation of the problem of sleep, and with those modern theories of sleep which emphasize the *active* quality in sleep, the *wish* to withdraw; and yet the freudian conception is older than these theories'.

Thus in the modern investigations of sleep, whatever their coloration, we find like a recurrent theme the assertion that sleep is not a passive or negative drying up of the springs of energy, a dying out of functions, but rather a positive, active process which brings about certain functional alterations.

Economo and Pötzl, the chief proponents of the general sleep theory, built their theory on a very broad basis. To solve the riddle of sleep they drew on the whole realm of living things, the totality of organic existence, plant life as well as animal. As a result of these researches in comparative biology the authors came to the conclusion that sleep in man and the higher animals is only a special case of a much more general principle to which all living matter conforms. Sleep they say is only a special form of a general tendency, an inner *necessity* of all protoplasm to enter into a state of rest from time to time and under certain circumstances, as well as the *ability* of protoplasm to put itself into (not fall into) such a state. 'The necessity for protoplasm to enter into such a state from time to time', says Pötzl, 'involves the same general question of energy which is also involved in the problem of energy in sleep. The activity by means of which the protoplasm proves itself equal to this necessity, includes those ... processes, which ... are usually described as *active* achievements in the transition into the state of sleep.'

We do not feel that we are doing violence to the facts when we identify this tendency to rest which biologists consider



immanent in protoplasm, a necessity for protoplasm, with the freudian death instinct, and when we further assume that sleep, as it becomes differentiated in man and the higher mammals from this primordial quality of protoplasm is an expression of the death instinct. How then, in the light of this biological view of an active, driving element in the state of rest, shall we approach Reich's arguments against the concept of the death instinct? He says, for example, 'This assumption was superfluous in explaining the striving for a return to a state of rest. For this striving is completely explained by the libido's function of bringing about release from tension, and further by the libidinous longing for the womb.' Or again, 'The assumption of a biological striving for death becomes superfluous when one considers that the physiological disintegration of the organism, its gradual dying, begins as soon as the function of the sexual apparatus, the source of the libido, diminishes. Therefore no other cause for death need be sought than the gradual cessation of the functions of the vital mechanisms.'

Where biology strongly emphasizes the active factors in the processes to which we refer, Reich finds only an altogether passive slackening and cessation. One can hardly imagine a stronger contradiction and contrast than this. Fear of overbiologizing in analytic psychology, of which Reich accuses the adherents of the thanatos theory, does not justify the other extreme of neglecting the facts of biology. For then one arrives, as Reich does, at an anthropocentric point of view. We do not know how otherwise to describe this isolation of man from his cosmic relations and this reduction of his universal aspect to a given principle only because it is easily applicable to man, to the single pattern of tension and release.

Returning to our task of supporting the contention that sleep is a manifestation of the death instinct, we find that biology, which up to this point has given us so much information, fails now to furnish us with further material bearing on the similarities and relationships between sleep and death. This is not to be wondered at when we remember how little it has to tell us about the nature of death itself. One is tempted to assume that



death is nothing other than the most extreme expression of that lower level of functioning found in sleep in the retardation and weakening of the heart beat and vascular tone, in the diminished sensitivity of the breathing center, the loss of oxygen, lowering of temperature and decrease of glandular activity. Death would accordingly be the sinking to the zero point of this lowered rhythm of life already indicated in sleep, and at the same time its perpetuation, that is, the transformation of a periodic into a permanent state.

In support of this one might mention hibernation, a phenomenon which is looked upon as a *vita minima*. Also, clinicians have brought statistical evidence to show what folklore has always maintained, that death has a far more intimate connection with night than with day. Clever, intuitive doctors have always combatted excessive sleeping habits in certain diseases. We feel, however, that to attribute the difference between sleep and death to quantitative changes alone does not suffice, and that there is danger thus of becoming involved in a contradiction with the very theory which we have asserted. For this theory warns us against seeing in sleep merely the nadir of a rhythm. It is a fundamentally different state, brought about by *qualitative* changes of all bodily functions.

And so we stand confronted by the question we have raised, not knowing which way to turn, until a new path suddenly opens before us. Does it mean nothing that in the world of man's imagination sleep and death are inevitably paired, and that this connection is so ancient, and at the same time so current, that it is really embarrassing to focus attention upon such a platitude?<sup>3</sup> It is impossible that a deeper meaning does not attach to such commonplace comparisons as, 'to sleep like the dead', 'like a stone', 'like a block of wood'; 'sleep eternal', 'the last sleep', as well as such sayings as, 'death is eternal sleep', 'death is a long sleep', 'sleep is a little death'. Poets too have dwelt on the relationship. Grabbe writes: 'Fie! fie! on sleep.

<sup>3</sup> Our colleague G. Hans Graber has drawn our attention to the fact that in his book *Procreation, Birth and Death*, he described the typical association of sleep with death in the human imagination.

Time not spent in sleeping, I say, is won from death'; and 'Sleep is half death, death the longest sleep; the more you sleep, the less you live'. In Goethe we find:

Slumber and Sleep, two brothers, in service to the Gods,  
Were brought to earth by Prometheus to solace his race.  
But that which the Gods took lightly was a burden to  
mankind;  
Their slumber became our sleep, their sleep our death.

This association is so common and so old that one stumbles on it everywhere in the present and in the past without looking for it. Says Cicero, in his *Tusculan Disputations*: *habes somnum imaginem mortis*. From the excellent research by Lessing, *How the Ancients Pictured Death*, we know that for the antique arts it was not only acceptable but obligatory to present sleep and death as twin brothers. After giving a masterful analysis of several antique works of art, Lessing summarizes his polemic in the words 'the ancients pictured death as sleep and sleep as death, sometimes singly, sometimes together'. Beginning with the *Iliad* from which, moreover, antique sculpture is supposed to have taken the idea of sleep and death as twin brothers, down to the present day, this juxtaposition has been a favorite theme of poets.

All this seems to support the view of Schopenhauer that each night, so to speak, 'we anticipate death', that is, succumb to death. Perhaps it is in this nightly quasi-experience of death in sleep that the cause is to be found of the astonishing fact there is no concept of death in the unconscious, that 'there is nothing in the unconscious which could substantiate our concept of the extinction of life'. It would seem, accordingly, that there is no more mortally dangerous undertaking than to sink into sleep, and we might be considered to be exhibiting remarkable courage when we do so. The fact is, however, that this undertaking is quite without danger and has no doleful consequences, so that we must forego any pride in the accomplishment. In short, to borrow from Schopenhauer again, we pay



death only the interest upon his loan. This, we now submit, is the work of eros.

For the sake of clarity we have been neglecting eros, but we must now reinstate it in its rightful place. For it is eros which actually creates that which we understand as sleep. It is only when eros has united with the original drive or instinct for rest, that the phenomenon of sleep is brought about.

The magnitude of this achievement of eros in its fusion with the death instinct can be measured by the fact that the *destructive goal of the thanatos component is not only neutralized, but actually transformed into its opposite—into the recuperative effect of sleep*. Eros transforms the instinct to rest into the pleasant wish to sleep primarily by offering the return to the womb as a pleasure premium. The understanding of this we owe to Freud. As a further measure, a heightened degree of defense, as it were, eros invests the ego with all the libido at its disposal. For this it mobilizes even the repressed libido itself—the infantile sexual wishes.

The great advantage of this point of view is obvious. Now we can fully understand those two characteristics of the dream which hitherto have been established only empirically. We refer to the wish fulfilling tendency of dreams, and to the fact that the wishes are sexual in character.

If then, appearances are not deceptive, we must add to the well-known function of the dream as the guardian of sleep a second function which towers above the first—the guarding of life. These tendencies largely coincide because of the use of the pleasure premium of wish fulfilment. But further, through the fact that eros here contests the ground with the death instinct, thus replacing the peace and quiet of lifelessness with motion and the clamor of life, the original destruction and denial of life is replaced by its affirmation and construction. This struggle of both original urges in the dream, pulling the ego this way and that, now with the demands of the id, now with the commands of the superego, completes the analogy of dream with neurosis. To illustrate with examples is the task of the second part of this paper.



First, however, we wish to point out that the foregoing train of thought not only advances but notably enhances the rehabilitation of the dream started by Freud after it had been scorned for centuries. The dream is here exalted, as it were, to a regulatory mechanism of decisive, even vital significance.

At the same time we have the answer to the heretofore unanswered question of whether our dreams occur only occasionally, or whether they are compulsory phenomena occurring every night. From our argument it follows that sleep without dreams is as impossible as dreams without sleep, not counting daydreams which in any case differ vastly from nocturnal dreams. The dream is a constant because indispensable piece in the repertory of sleep; it is its most integral component, inseparable from sleep because indissolubly welded with it. This point of view can scarcely be contradicted even by physiologists, since recent investigation has produced very convincing evidence that experience is not interrupted even in the deepest sleep but continues undisturbed. We can now answer the question we have raised as to the common and differentiating traits of sleep and death with the following brief formula: *Sleep is death stirred by dreams; death is dreamless sleep.*

In spite of what we believe to be concise and conclusive proof, we should perhaps hardly venture to emphasize so startling a conclusion had we not come across a complete confirmation of our views after we had already written them down. Emanuel Kant, in paragraph 67 of *The Critique of Judgment* has this to say to our problem: ' . . . now I would ask if dreams (without which we never sleep, though we seldom remember them) may not be a purposive ordinance of nature? For during the relaxation of all the moving powers of the body, they serve to excite internally the vital organs by the medium of the Imagination and its great activity (which in this state generally rises to the height of affection). . . . Consequently, then, without this internal power of motion and this fatiguing unrest, on account of which we complain about our dreams (though in fact they are rather remedial), sleep even in a sound state of health would be a complete extinction of life.'



## II

In our paper on Transference and Love,<sup>4</sup> we attempted to separate more sharply the component parts of the superego, frequently insufficiently differentiated, by applying the theory of the life and death instincts. We arrived at the conclusion that the two parts of the superego, the ego ideal ('Thou shalt') and the *dæmon* ('Thou shalt not'), differ psychologically, instinctually and genetically.<sup>5</sup> The ego ideal has two roots. One of these consists in the attempt of the ego to divert the course of the aggression of the death instinct from the ego as object to other objects which thereby become terrifying, a projected outer danger being substituted for an inner one. This attempt is unsuccessful. This achievement of the destructive instinct is parried by eros which takes these fearsome objects into the ego where they become the object of its narcissism. The second root of the ego ideal is to be found in a compromise attempt of the ego to maintain its supposed omnipotence. This fictitious omnipotence is badly shaken by the demands of the outer world (weaning, training in cleanliness, etc.). In the face of these demands the child, because of its helplessness, must choose either to give up its infantile megalomania or, although accepting the commands and bans of its parents, to preserve the fictitious omnipotence by pretending that the compulsory act is a voluntary one and clothing the introjected objects with its own narcissism. If, however, eros were successful in its defense against thanatos through the formation of the ego ideal by means of identification, the ego ideal would be exclusively the abode of love, which in fact it is not. Thanatos parries this move of eros with desexualization by which, as we know, all identification is accompanied. The erotic component of the ego ideal thus desexualized corresponds to that undifferentiated narcissistic energy which

<sup>4</sup> Jekels, Ludwig, and Bergler, Edmund: *Übertragung und Liebe*. Imago, XX, 1934, pp. 5-31.

<sup>5</sup> The word 'dæmon' has here not the prevailing English meaning of devil but is used in the sense of a malignant spirit akin to the *daimonion* of Socrates.

Freud postulates in The Ego and the Id. This can unite with either of the two basic instincts, eros and thanatos, to increase the total cathexis of the one or the other. Thus the ego ideal, like the neutral zone between warring armies, becomes the actual prize in the struggle between the two forces, the shuttlecock particularly of the thanatos portion of the superego (*dæmon*). This owes its nature to the suggested unsuccessful attempt of eros to divert to outer objects by means of projection the aggression which thanatos originally directed against the ego. The projection is unsuccessful in quantitatively varying degrees; first, because of the helplessness of the individual, since the infant is powerless against its environment and can scarcely handle any very great aggression; second, because the objects against which the infantile aggression was directed, the parents, have already been taken into the ego ideal. Both lead to the damming up and flowing back of aggression against the ego. The ego thus threatened takes fright and gives the danger signal. The ego ideal, abode of the desexualized eros, is pressed by the *dæmon* into the service of its ego destroying tendencies. By constantly holding up the ego ideal as a 'silent model' and exposing the discrepancy between ego and ego ideal, the *dæmon* produces feelings of guilt in the ego. In this way the ego ideal, which originally was created as a prop to the threatened narcissism, becomes a dangerous weapon of thanatos against eros.

We are of the opinion that in the dream also the ego ideal is constantly maintained as a model. Nor is this holding up of the ego ideal as a silent model by the *dæmon* innocuous. Every deviation from the self-established ego ideal appears in the ego in the form of feelings of guilt. The strange thing about this process is that the torments which the *dæmon* inflicts on the ego always detour via the ego ideal. A discrepancy between ego and ego ideal must always exist before feelings of guilt and need for punishment can arise in the ego. By thus putting the desexualized eros in service against eros, the destructive instinct conquers eros with its own weapons.

If we try to apply this point of view which we derive from



the eros-thanatos theory to the freudian theory of the wish fulfilling tendency of the dream, we reach the conclusion that this early concept still stands firm. In the light of the material which we presented in the first part of this paper bearing on the struggle between the two original instincts in sleep, we believe that in the freudian formula, 'The dream is a wish fulfilment', only the erotic component of the instinct fusion appears to be considered. Unshakable as is the concept of wish fulfilment in the dream, if one seriously wishes to apply the eros-thanatos theory to the dream, which as far as we know no one has yet attempted, a supplement is required, which we shall now present and prove. It is this: beside the id wishes in every dream, there is to be found a second, equally important group of tendencies which center around the superego. To our own astonishment we arrive at the startling conclusion that this second, most frequent and regular constituent of every dream is a more or less successful *defense against a reproach of the superego*.

In order to reduce misunderstandings to a minimum we should state immediately that we do not refer to the punishment dreams which have been described by Freud and Alexander and whose existence is today analytically recognized. We are speaking here of the typical wish fulfilment dream, and postulate that it has a double mechanism. That is, we deduce from our experience that the driving force of every dream derives from a repressed wish of the id and an unconscious reproach of the superego, from which the ego then creates the psychic structure which is known to us as a dream. Which of the two instincts becomes master of the situation following their collision depends on whether the unconscious id wish or the unconscious superego reproach succeeds in taking possession of the ego ideal and its undifferentiated narcissistic energy. Thus every dream must fulfil two functions: (1) to refute the unconscious reproach of the *dæmon*, and (2) to satisfy a repressed infantile id wish.

In proof of our thesis we select Freud's famous dream of July 23-24, 1895. The Dream of Irma's Injection,<sup>6</sup>



which has initiated whole generations of analysts into the understanding of dreams, and which may serve as a paradigm for wish dreams. This choice has the advantage that the dream is known to all, whence the objection that is met with in analytic circles regarding nearly every dream interpretation, that the content of the dream has been misinterpreted, is in this instance not to be feared.

As we recall, the incident preceding the dream which is later used as the day's residue, is that an individual designated as 'friend Otto' replies to a question of Professor Freud, somewhat hesitantly and ironically, that Freud's patient, Irma, is better but not entirely well. 'I realize', says Freud, 'that these words of my friend Otto's, or the tone of voice in which they were spoken, annoyed me. I thought I heard a reproach in the words, perhaps to the effect that I had promised the patient too much. . . . This *disagreeable impression*, however, did not become clear to me, nor did I speak of it. That same evening I wrote the clinical history of Irma's case, in order to give it, as though to justify myself, to Dr. M., a mutual friend, who was at that time the leading personality in our circle.'<sup>7</sup>

The dream consists of a complicated refutation of reproaches by the ego ideal, which had cast an aspersion of inadequate professional conscientiousness. The wish fulfilling refutation is known to you: not the dreamer, but Otto who had administered an injection with a dirty syringe, is to blame for Irma's illness. The young widow is incurable because of the damping up of sexuality through living in abstinence; her illness as a matter of fact is not psychogenic but organic; she rejects the analytic interpretation, etc. Thus we find a series of refutations of the accusation of inadequate professional conscientiousness linked with aggression against Otto and Dr. M., the representative of the ego ideal, and buttressed by the opposed authority of another, sympathetic friend. In short, the dreamer is exonerated.

<sup>6</sup> Freud: *The Interpretation of Dreams in The Basic Writings of Sigmund Freud*. New York: The Modern Library, 1938, pp. 196-207.

<sup>7</sup> Freud: *Ibid.*, p. 196. Italics in this and further quotations are ours.



The question remains: exonerated by whom? The answer is unequivocal: by his own conscience. Freud is justified in calling the argumentation in this dream 'a defense in court'. The plea is made before the inner tribunal of his conscience. What is a token of his amazing genius is that Freud, although he did not give it direct expression, sensed this as long as forty years ago. At a certain point in the interpretation of this dream he says: 'Curiously enough, there are also some painful memories in this material, which confirm the blame attached to Otto rather than my own exculpation. The material is apparently impartial. . . . ' And in another place, in reference to the use in the dream material of three cases in which his medical treatment had been followed by dire results, Freud says: 'It seems as though I were looking for excuses for accusing myself of inadequate professional conscientiousness'.

From the viewpoint which we have here advanced, we are able to understand these contradictions. The ego ideal makes use, or rather misuse, of the day's experiences to accuse the ego of the dreamer of inadequate professional conscientiousness. By means of a regular legal defense, turning the plaintiff's arguments against himself, making use of refutations, alibis, qualifications, derision of the ego ideal, citation of exonerating witnesses, the acquittal is achieved. The reproaches which seem so strange to Freud in a wish dream, belong to the bill of particulars of the district attorney, the *dæmon*, and this must be answered.

Yet the dream of Irma's injection admirably fulfils its second function, hallucinatory gratification of repressed infantile wishes. There are certain easily discernible erotic and aggressive wishes whose interpretation is merely hinted at and into which we need not go more fully.

We postulate for *every* dream this double mechanism—defense against the unconscious reproach of the ego ideal, dictated by the *dæmon*, plus fulfilment of repressed id wishes. In this dualism we see thanatos and eros at work, each attempting to gain possession of the ego ideal. In the typical wish fulfilment dreams it is eros which succeeds. But in the 'resig-

nation dreams', which are to be discussed later, thanatos is successful.

We now see the question of 'the day's residue' in the dream in a new light. The 'residue' up to now has been held to have the significance of an acceptable package wrapping in which contraband articles are smuggled across a border. 'We . . . learn', says Freud, 'that an unconscious idea, as such, is quite incapable of entering into the preconscious, and that it can exert an influence there only by establishing touch with a harmless idea already belonging to the preconscious, to which it transfers its intensity, and by which it allows itself to be screened'.<sup>8</sup> Freud gives the example of a dentist practising in a foreign land who protects himself against the law by associating himself with a native doctor of medicine who then serves him as a signboard and legal 'cover'. 'We thus see that the day-residues, among which we may now include the indifferent impressions, not only borrow something from the *Ucs.* when they secure a share in dream-formation—namely, the motive-power at the disposal of the repressed wish—but they also offer to the unconscious something that is indispensable to it, namely, the points of attachment necessary for transference.'<sup>9</sup> On the other hand, the cathexis of the unpleasant residue is offset by the wish fulfilment of the dream, and so the dream is preserved as the protector of sleep. 'We may succeed in provisionally disposing of the energetic cathexis of our waking thoughts by deciding to go to sleep. . . . But we do not always succeed in doing it, or in doing it completely. Unsolved problems, harassing cares, overwhelming impressions, continue the activity of our thought even during sleep, maintaining psychic processes in the system which we have termed the preconscious. The thought-impulses continued into sleep may be divided into the following groups:

- '1. Those which have not been completed during the day owing to some accidental cause.

<sup>8</sup> *Ibid.*, p. 507.

<sup>9</sup> *Ibid.*, p. 508.



'2. Those which have been left uncompleted because our mental powers have failed us, i.e. unsolved problems.

'3. Those which have been turned back and suppressed during the day. This is reinforced by a powerful fourth group:

'4. Those which have been excited in our *Ucs.* during the day by the workings of the *Pcs.*; and finally we may add a fifth, consisting of:

'5. The indifferent impressions of the day which have therefore been left unsettled. . . . But what is the relation of the preconscious day-residues to the dream? There is no doubt that they penetrate abundantly into the dream; that they utilize the dream-content to obtrude themselves upon consciousness even during the night; indeed, they sometimes even dominate the dream-content, and impel it to continue the work of the day; it is also certain that the day residues may just as well have any other character as that of wishes.' <sup>10</sup>

All these assertions of Freud about the day's residue are incontestable. We suggest, however, that the residues have a still wider meaning. *The residue is, among other things, the reproach in direct or symbolic form, to the ego by the ego ideal, a reproach misused by the daemon for its antilibidinal purposes by holding up the 'silent model' of the ego ideal. At bottom we are dealing with ramifications of a chronic tendency to feel reproached, due to the domination of the daemon.*

The diametric opposite of the wish dream, in which eros succeeds in appropriating the undifferentiated energy of the ego ideal, is found in the so called dream of failure or resignation. Here the adversary of eros, thanatos, succeeds in annexing the desexualized psychic energy of the ego ideal, with the result that the hopelessness of all its erotic endeavors is demonstrated to the ego which then resignedly abandons them and even life itself. These dreams can be reduced to a common denominator, 'give up all hope'. An example of such a dream is:

Because of the frost, the water supply and also the drain were shut off. I suffer from terrible thirst. . . . At last I

<sup>10</sup> *Ibid.*, pp. 500, 501.

am given a glass of lemonade, which turns out to be unhygienic, since it is made with old, stagnant water from my sister's canteen. Nor is there any water in the thermos flask, and I almost drank Sidol by mistake. I awaken in a deep depression, which lasts all day.

This is a dream (recently published by one of us<sup>11</sup>) of a patient who had regressed orally and who had an orally determined ejaculatory disturbance. The starting point of the dream is the stimulus of thirst. But how differently the patient elaborates this wish from the normal person who would perhaps comfort himself with the dream that he was drinking from a spring. The word 'thirst' is the cue which releases in our patient a whole witch's brew of superego reproaches which are heaped on the intimidated ego: oral wishes directed toward his sister and mother (who was in the habit of sending the sister to the office every day with a thermos bottle of coffee for the patient). The last phase of the dream is to be equated with a suicide: Sidol is a poisonous, white metal polish. It is as though the *dæmon* wished to embitter the ego against every oral wish, as though it had said to the resigned ego, 'What can life mean to you? Give it up and die; you will never fulfil your true wishes.'

In this dream, too, the day's residue is a reproach of the ego ideal. The sister's canteen, out of which the patient had repeatedly drunk during a mountain climbing trip on the preceding day, and the mother's thermos bottle are both symbolic representations of the breast or of the female penis which are held up to the patient as reminders, and which represent to a certain extent the derisive answer of the *dæmon* to the patient's apparently harmless wish to drink.<sup>12</sup>

Between these extremes, the wish dream and the resignation

<sup>11</sup> Cf. Bergler, Edmund: *Some Special Varieties of Ejaculatory Disturbances Not Hitherto Described*. Int. J. Ps-A., XVI, 1935, pp. 84-95; and Chapter C of the monograph: Bergler, Edmund: *Die Psychische Impotenz des Mannes*. Berne: Verlag Hans Huber, 1937.

<sup>12</sup> The attainment of the repressed id wish fails, unless we take the white color of the suicide potion, Sidol, a milk substitute, to be a triumph of eros, paid for, indeed, with death.



dream, lie great possibilities of variation. Someone with an inclination for classifying and systematizing could pick out the two sharply characterized dream types from the wealth of compromise possibilities on the erotic and thanatotic parts of the scale; on the erotic side: aggression against the ego ideal and the dream of 'undisguised acknowledgment'; on the thanatotic side, the anxiety dream and the punishment dream.

Let us begin with the dream of aggression against the ego ideal. One of the possibilities of defense of eros against the advances of the *dæmon* is aggression against the bothersome ego ideal.<sup>13</sup> Examples of such aggression against the ego ideal are: mania, wit, comedy<sup>14</sup>, hypocrisy<sup>15</sup>, humor<sup>16</sup>. Each of these techniques is employed according to its nature by eros, to wrest from the *dæmon* its instrument of torture, the ego ideal.

The showing up of the fragility and hypocrisy of the ego ideal also takes place in the dream, and is indispensable for the psychic economy of many people. This is shown by the following dream:

The patient appears at the office of the analyst. In the waiting room he asks a gentleman whether the analyst is the right doctor for his wife who has a disease of the eyes. The gentleman says yes, and relates that the analyst in a few treatments has cured a woman with drooping and puckered eyelids. Suddenly the door to the doctor's office opens, and the analyst says to the gentleman, 'Dorli, don't disturb us now; leave us alone'. Instead of the elegant couch in the office, there is a shabby, dirty sofa. The analyst resembles Dr. Rake (German=*Greif*).

The dreamer is an hysteric with vomiting and flatulence. Both symptoms appeared when the wife of the patient insisted

<sup>13</sup> Cf. the chapter *Entwicklung des Überichs* in Jekels, Ludwig, and Bergler, Edmund: *Übertragung und Liebe*. Imago, XX, 1934.

<sup>14</sup> Jekels, Ludwig: *Zur Psychologie die Komödie*. Imago, XII, 1926.

<sup>15</sup> Bergler, Edmund: Address before the Vienna Psychoanalytic Association, May 9, 1934.

<sup>16</sup> Bergler, Edmund: *A Clinical Contribution to the Psychogenesis of Humor*. Psa. Rev., XXIV, 1937.

upon a pregnancy against his will. The patient denies his illness (feminine identification) since not he but his wife needs treatment for adhesions (puckering) in the tubes, and a fallen uterus (drooping eyelids). This accorded with the facts and had long made pregnancy impossible. The patient has a strong unconscious feminine identification. His symptoms are wish and defense fantasies of an orally perceived and anally achieved pregnancy and birth. Dorli is the name of his sister's girl friend. The analyst accordingly has a masculine girl friend, and the patient may hope for the gratification of his passive homosexual rape fantasy. Dr. Rake is the director of an insurance company (analysis=assured success; arguments regarding the duration of the treatment and the uncertainty of the prognosis were a constant form of resistance). He is a lady-killer who is worthy of his name ('rake'). With the shabby divan the patient associated the furniture of a *brothel*.

The reproach of the ego ideal is: you have passive homosexual feminine wishes—the wish of the id, to have intercourse with your father. The wish of the id is realized by means of debasing the ego ideal. The analyst is a prostitute and is himself feminine, or bisexual, like the patient. In self-defense the patient accuses the analyst (whom he identifies with his sister) of being a prostitute whom anyone can buy (fee). Don't pretend to be so noble. You are a swindler like Dr. Rake, the insurance expert (the analysis is a promise of health, insuring recovery). Therefore, fulfil my wishes.' <sup>17</sup>

A step further in the defense against the *dæmon* is taken in those rare dreams in which the ego ideal is entirely shaken off and the ego in manic elation takes over the id wish undisguised (dream of undisguised acknowledgment). These dreams most frequently occur after a period of distressing dreams.

The anxiety dream too lies on the border between the erotic and thanatotic sections of the scale. We know from experience that it appears when the ego is pressed too hard by the *dæmon*. It is an erotic attempt at rescue and prevention. In

<sup>17</sup> In this dream, too, the day's residue corresponds to the reproaches of the ego ideal, as is shown by the dream elements—Dorli, Rake, gynecological illness.



agreement with a number of authors, we are of the opinion that anxiety is the reaction of the ego to the destructive instinct which has been turned back against the individual. Certainly anxiety can be secondarily misused by thanatos for purposes of torment.

Punishment dreams are not identical with the previously discussed resignation dreams. Both are thanatotic, but they differ from each other in their effect. Fundamentally the punishment dream still serves the pleasure principle since its solution is, 'Expiation to achieve release', and it generally extracts some masochistic pleasure from its misery. In the true resignation dream this is not the case to any appreciable degree.

In summarizing, let us emphasize that we ascribe to the second component of *every* wish dream (the above described refutation of the reproach of the *dæmon*, held up to the ego in the form of the day's residues through the mediation of the ego ideal) *the same psychic valence as the repressed infantile id wish which is hallucinatorily fulfilled*. It is this dualism, the combination of both tendencies, which finally creates the dream which thus emerges as a typical example of instinct fusion. According as the two basic instincts succeed in gaining control of the undifferentiated psychic energy of the ego ideal, there arises one of the many possible variations between the wish and resignation dreams.

Freudian psychoanalysis derives from the discovery of the dynamic effect of repression. That is why Freud first came on the meaning of the id wishes in the dream. The superego aspect was first described by Freud as the 'censor'. Only the more recent disclosures of his studies—dualism of instinct, eros and thanatos—have enabled us to find the second constituent of the dream—the *reproach of the dæmon*, which we submit as the *equal partner of the id wish*, and whose substantiation with clinical dream material should be sought. We are well aware that it will take time to overcome difficulties that stand in the way of an acceptance of our assumptions, should these prove correct. Nor do we underestimate the objection that during the last forty years millions of dreams in thousands of analyses

have been successfully solved without these new ideas. Finally, our conception underscores much more heavily the element of guilt feelings in the dream, with the result that a large part of the libido, even in the 'ordinary' wish dream, is consumed in protection against and the overcoming of unconscious guilt feelings, that is, the death instinct.

*Translated by POLLY LEEDS WEIL*



## BOOK REVIEWS

A GENERAL SELECTION FROM THE WORKS OF SIGMUND FREUD. Edited by John Rickman. London: The Hogarth Press and The Institute of Psychoanalysis, 1937. 329 pp.

The aim of this book, No. 1 of Psycho-Analytical Epitomes, as stated in the preface, is a presentation of the general theory of psychoanalysis, i.e., the theories 'regarding the interplay of the forces of instinct in the human mind, the mechanisms employed in this interplay and the principles governing the reduction of "tension" or strain in the mind. It deals also with the topography of the mental apparatus, particularly in respect to those parts of the mind that are concerned with instinct-impulses, with consciousness, with conscience and with the regulating or executive mental functions. . . . No attempt has been made to include the evidence on which the theories have been built up, i.e., there are no case histories; nor are highly technical discussions included, since these cannot be adequately grasped, still less judged, apart from the details of the case material.' The chapters are dated in order to show the development of Freud's thought in regard to analytic theory. The Group Psychology is included as an example of the application of the theory to a psychological problem.

The book contains the following of Freud's papers: The Origin and Development of Psycho-Analysis, Formulations Regarding the Two Principles in Mental Functioning, A Note on the Unconscious in Psycho-Analysis, Negation, A General Etiological Formula, Types of Neurotic Nosogenesis, Instincts and their Vicissitudes, Repression, Some Character-Types Met with in Psycho-Analytic Work, On Narcissism: an Introduction, Mourning and Melancholia, Beyond the Pleasure Principle, Group Psychology and the Analysis of the Ego, The Ego and the Id, Inhibitions, Symptoms and Anxiety.

The first chapter contains the five lectures given by Freud at Clark University in 1909, thus making them more easily accessible in English. There is a chronological list of the English translations of Freud's works up to July 1937. The index is in the form of a semi-glossary for the lay reader. A glance at the contents shows, however, that these papers are among the most difficult for the layman.



The inclusion of this collection of fifteen papers and monographs within the compass of a small book is achieved by Rickman through clever abridgment. There are naturally more omissions from some articles than from others. In the Character-Types, only the introductory discussion of each type is presented and the analyses of the literary examples are merely referred to. Of Inhibitions, Symptoms and Anxiety only the summary appendix is given. The disadvantages and defects of such a compilation are obvious. Clearly this book provides no substitute for the unabridged originals nor for a well-digested and organized presentation of analytic theory. Nor is this a selection of papers grouped around a series of topics. But it accomplishes a valuable purpose in collecting these theoretical papers, historically arranged, in a single volume where they can be read conveniently. Moreover the abridgment is so effectively done that the essential arguments are preserved and hence a comprehensive survey of analytic theory is provided in a condensed form and with developmental continuity.

LEON J. SAUL (CHICAGO)

**DREAM ANALYSIS: A PRACTICAL HANDBOOK IN PSYCHOANALYSIS.** By Ella Freeman Sharpe. New York: W. W. Norton & Company, Inc., 1937. 201 pp.

This book is a printing of a series of lectures on dreams given to students in training at the Institute of Psychoanalysis in London and as such is aimed at a group of individuals who are either in the process of being, or recently have been personally analyzed. There is a distinct difference between such an audience, listening to these lectures with opportunity for immediate discussion and elaboration, and a group of readers who may or may not have personal experience with psychoanalysis. It is difficult to review the book without bearing this factor in mind.

The author discusses the dream as a typical and individual psychical product. In the first chapter she makes an analogy between the principles of poetic diction and dream mechanisms. Her discussion adds clarity to the understanding of dream material, particularly in its relationship to preconscious content. The general principles of dream interpretation are sound and the constant emphasis upon the need to interpret only on the basis of material derived from the patient, either through his free associations, gestures, or manner of speaking, is an excellent one. One of the



great weaknesses in recent training programs has been the tendency to neglect the importance of the dream. The author emphasizes the wish fulfilling function of the dream, its value as an indicator of the status of the analytic situation, and particularly of the transference. She discusses the mechanisms of dream formation, the law of condensation, displacement, symbolization, dramatization, and secondary elaboration, giving examples. In spite of her own reiteration that one should not fall into the trap of *ad hoc* interpretation, some of the examples as they appear in the text give one a distinct impression of being just that type. A particularly blatant example occurs on pages 20 and 21, in the concert dream: 'I was at a concert and yet the concert was like a feeding. I could somehow see the music pass before my eyes like pictures. The music pictures passed like ships in the night. There were two sorts of pictures, white mountains with softly rounded tops, and others following them were tall and pointed.' In her discussion the author states that 'this dream bears witness to actual experiences, namely, the actual seeing of rounded and pointed mountains in pictures or in landscapes and a correlation made by the observer on first seeing such pictures with the sight in reality of breasts and penis'. Then she maintains that 'it bears witness to the child's wish to be fed at nighttime and of the child's fantasy on seeing the father's penis that it too was a feeding place'. The dream wish is to be read that the 'parents like ships in the night are friendly to each other. The child is secure in the plenitude of supply from both', etc. One may infer that the author has followed her own rules of obtaining material in free association that warrants this interpretation. As it reads, however, while one is not tempted to doubt the truth of the interpretation, one certainly is warranted in asking for the actual material on which this interpretation is based.

In many of the examples cited by the author one sees the same tendency. On page 32 the author cites as an example the opening remark of a patient: 'feeling of depression'. The hour's analysis was concerned with anxiety regarding the female genitals and the author states she had no hesitation in saying that the patient was 'dealing with repressed emotions concerning some time in childhood when he literally felt the "depression" of a little girl's genitals'. Perhaps. Here again the material during the hour may



have warranted such an interpretation. The material presented by the author certainly does not.

These are not carping criticisms, since it seems to the reviewer that it is particularly important in books of just this sort that are intended for popular reading, if not by the author then by the publisher, that the psychoanalytic material presented should be clear and unambiguous.

In her general discussion of symbolism the author's point of view is a sound one, especially in her agreement with Jones that symbolism has to be created afresh out of individual material. Another point which is emphasized is that experiences of the bodily ego from earliest infancy can be found in dreams. This is an important principle which has a bearing in the field of psychosomatic medicine. Here again, however, some of the examples chosen by the author are none too happy. For instance: "I was in a room and suddenly the door opened and a great flood of water came in". This is interesting enough as the evidence of an "accident", but it is the one dream that I am bold enough to quote as embodying also a birth experience. It was ascertained that the patient's birth was heralded by an unexpected sudden bursting of the waters. The fact was unknown to the patient at the time of the dream.' One might ask whether the physical experience of an infant about to be born, whose birth is ushered in by an 'unexpected sudden bursting of the waters' will be just the physical experience which will later lead to the dream symbolization quoted by the author. The reviewer is inclined to doubt it.

The book may be recommended for students participating in a dream seminar where opportunity for discussion will serve as a corrective for some of the more blatant errors of either omission or commission.

M. RALPH KAUFMAN (BOSTON)

EMOTIONS AND BODILY CHANGES. A SURVEY OF LITERATURE ON PSYCHOSOMATIC INTERRELATIONSHIPS, 1910-1933. Second Edition with supplementary introduction and additional bibliography. By H. Flanders Dunbar. New York: Columbia University Press, 1938. 601 pp.

A new edition of this book, which has already proven itself to be a standard for general orientation, reference and teaching in a rapidly expanding field of literature, is welcome. It should be



included in any well equipped medical library. The extensive review of the first edition printed in this *QUARTERLY* in 1935 (Vol. IV, No. 4) still remains pertinent as the main textual body of the book has not been altered.

In a new introduction the author sketches general progress in the field since the first volume was published. A supplementary bibliography gives examples from the literature of 1933-1938 illustrative of points made in the introduction. Dr. Dunbar explains that a revision was not considered feasible. The chief purpose is to present a general survey and to develop a point of view. As the book stands, it continues to serve this purpose as truly today as when it was originally written.

There had been many requests that the new edition include a thorough review of the literature of the last five years. It was decided that this could be done better as a separate undertaking in the form of a journal which would be continuous and more flexible rather than a book, even though the latter were to have frequent revisions. Furthermore, the author is convinced that further contributions should increasingly represent the joint efforts of workers in overlapping fields. The journal, *Psychosomatic Medicine*, whose first number appeared in January, 1939, is the realization of these aims. The new edition of *Emotions and Bodily Changes* is, therefore, particularly appropriate as it serves as an introduction and foundation for the better appreciation of the continued chapters afforded by the new journal.

The reviewer would like to reemphasize the advantage of reading the entire text of *Emotions and Bodily Changes* for the comprehensive orientation which it affords. Though valuable as a reference book, the cumulative effect of the carefully arranged material can only be appreciated in this way.

GEORGE E. DANIELS (NEW YORK)

THE PHARMACOLOGICAL SHOCK TREATMENT OF SCHIZOPHRENIA. By Manfred Sakel. *Nervous and Mental Disease Monograph Series No. 62*. New York and Washington: Nervous and Mental Disease Publishing Co., 1938. 133 pp.

This rather belated note on Dr. Sakel's treatment of schizophrenia with insulin may have a certain value because since the appearance of the book a number of reports have begun to trickle through into medical literature suggesting that the original enthusiasm with



which Dr. Sakel's method was greeted had more of the emotion characteristic of traditional psychiatry than is scientifically justified. There is a foreword by Pötl and an introduction by Nolan D. C. Lewis, a preface by Foster Kennedy, an introduction by the author and one hundred and thirty-two pages of text. The psychoanalyst will find this book very interesting as a manifestation of the age-long reaction formation against anxiety, a reaction which insists that everything is physical and everything else is mortal sin. Dr. Kennedy's usually brilliant style leads him into a state of enthusiasm not entirely scientific. His attack on Freud is rather uncalled for and his inalienable belief in the body, expressed in terms of pure faith, makes one wonder whether the words of Keats quoted by the prefator may not be justifiably applied to those whom Kennedy represents:

'Fanatics have their dreams, wherein they weave  
A paradise for a sect.'

G. Z.

OUTLINE OF PSYCHIATRIC CASE-STUDY: A Practical Handbook. By Paul W. Preu. New York: Paul B. Hoeber, Inc., 1939. 133 pp.

Psychiatry began to feel that it had become a medical specialty when, first, it developed a classification of mental diseases and when, second, it adopted a method of study of the individual patient along the same lines as those used in other branches of medicine. To history taking, physical examination and laboratory data it added a particular examination of its own, the mental status. The history became a special subject of attention for psychiatry as it was hoped that complete and carefully taken case histories would be able to solve some of the baffling problems of psychiatry. Since the beginning of the century we have had an accumulation of thousands of case histories taken in our best mental hospitals, and I do not know of a single competent psychoanalyst of the present generation who has not contributed his share of such histories. But in spite of the adoption of a rigid classification system it became a fiasco within a decade. Somewhat later when the value of the case histories was tested by means of statistical analysis the results were extremely disappointing. One need only mention the statistical analysis of the records of the Boston Psychopathic Hospital and the more thorough analysis of



selected cases of the Phipps Psychiatric Clinic published recently by Terry and Rennie in their monograph on parergasia. This is not the place to discuss the reasons why the psychiatric records did not prove to be of any significant research value. It would suffice to say that they were not able to give replies to any specific questions asked beyond such simple data as distribution of sex, age, color, race, nationality, etc. Even when the data were gathered with a special view to answer certain specific questions the value could be questioned on account of the doubt as to the reliability of data.

The present volume is an excellent reflection of that period in psychiatry when a good record was all that was necessary in a good psychiatric clinic. The outline is divided into the traditional lines of complaint, source of information, family history, past history, personality, medical history and present illness. This is followed by an outline of mental examination, physical examination, accessory examinations, nursing records and progress notes. All this occupies some one hundred and thirty-three pages. It contains numerous questions which seem to be pertinent and intelligent and I have no doubt that if properly answered they would give us a good deal of knowledge about the patient's background, his physical and psychological reactions and his progress in the hospital. But there is the practical doubt that anyone would want to follow an outline containing one hundred and thirty-three pages of questions even if one had the leisure of a university psychiatric clinic. However, the outline is very satisfactory and one could undoubtedly learn a great deal by following it. The objection which the reviewer raises is not one of the value of this particular outline but the value of any complete formal outline used in the study of psychiatric cases.

It seems to me that a perfectionistic pride in writing up a complete record with all questions properly and intelligently answered contains the danger of becoming an end in itself rather than the means of helping the patient. After all any psychiatrist has only a certain amount of time and energy at his disposal for each patient, and if the emphasis be on a formalist-ritualist compulsion to complete a good record which somebody some time might use for some research, one may easily lose track of the patient himself. There is too much danger in the purely historical point of view as contrasted to the therapeutic attitude which aims to



mobilize as soon as possible the positive assets of the individual so that they can be worked with immediately in order to help the patient in his struggle for mental health. It is rather curious that social workers who have religiously followed the method of the psychiatrist in dealing with their cases by taking very long and detailed histories had to abandon such histories when they became more interested in the direct therapeutic aspects of their work. It is a different story when certain data come out in the course of therapy with a patient which throw light on the development of his illness. Such data may be of great value, but when therapy confines itself to the search for such data then it is bound to be extremely ineffective.

The author of the outline carefully avoids any mention in the examination of the transference which probably is the most important basis for any plan for therapy. Somehow one has the feeling in looking over this particular outline that one is bagging around a skeleton rather than dealing with the flesh and blood of a human being. Perhaps this reflects too much the disillusionment of the reviewer in the formal, mechanistic approach to the problems of the psychotic patient, but this disillusionment must be shared by many who have more than a passing interest in problems of psychiatry and psychotherapy.

J. KASANIN (SAN FRANCISCO)

# LA DÉPRESSION CONSTITUTIONNELLE (Constitutional Depression).

By M. Montassut. Paris: Masson et Cie., 1938. 210 pp.

Dr. Montassut, highly recommended by his former teacher Professor Henri Claude, presents the result of ten years of research in the field of what was formerly called 'neurasthenia' (a term created by Beard in 1869). In an introductory chapter on the history of the concept of neurasthenia the author reminds us of Beard's first publication in the Boston Medical and Surgical Journal which met with no success until Beard republished his observations.<sup>1</sup> Since then innumerable papers have been published on the subject in all countries, some from Salpêtrière and by Charcot himself, until Raymond in 1898 rightly called the concept of neurasthenia the 'neuropsychological giant'. We are shown how science began to demolish a concept which never was a satisfactory nosological

<sup>1</sup> Beard, George Miller: *A Practical Treatise on Nervous Exhaustion (Neurasthenia): Its Causes, Symptoms and Sequences*. New York: W. Wood & Co., 1888.



entity. After the war we meet with the term more and more rarely outside of classical textbooks. '*La neurasthénie se meurt depuis vingt ans.*' Montassut calls it a myth. In the last paragraphs of his historic survey, however, he surprises us with the suggestion to drop the outworn term without changing its substance and to substitute for it his own term: *constitutional depression*. This suggestion with its naïve belief in the magic of words appears also in the subtitle of Montassut's book: 'Constitutional Depression, formerly called Neurasthenia and its relation to general medicine'.

His description of objective and subjective symptoms, differential diagnosis, etiology and therapy leads us through an enormous field of observations and quotations nowhere illuminated by any guiding idea. The mere enumeration of the quoted scientific terms would cover a dozen pages. The best chapter seems to be the one on differential diagnosis between 'constitutional depression' and general paresis, late and inherited syphilis, schizophrenia, melancholia, hypochondria, endocrine deficiencies, and temporary emotional shocks. Alcohol, tuberculosis and arthritis are also discussed in this eclectic book which embraces everything, occasionally dealing even with philosophy. Montassut rejects Hume's attempt to apply the thermodynamic laws to biology. He believes with Claude Bernard that life cannot be explained on the physico-chemical level. Montassut does not believe in the separation of soul and body. Leaving the field of philosophy we learn about conditioned reflexes and intellectual automatism and hear even a few words on psychoanalysis: 'Due to the conditioned reflexes and considering the central gray nuclei neurologists can accept the psychoanalytic doctrine with its prohibitions, theory of blunders and forgetting, its censorship and will to failure'. We may duly call this telegram style.

After having enumerated almost everything under the sun the author comes to his own thesis. Neurasthenia is an '*alkaline diathesis*'. The morbid sensation of exhaustion comes from the alkalosis of the blood whereas normal fatigue is acidifying. All philosophical and psychological excursions are forgotten and we land in the therapeutic paradise of the drugstore. The author prefers phosphoric acid to all other medication, mixing it with calcium, ergosterol, magnesia, strychnine, camphor, iron, vitamins and endocrine preparations. He also prescribes bromides, sometimes opiates, often belladonna and even scopalamine. Electro-



therapy, hydrotherapy, climatotherapy, exercise, occupational therapy are not forgotten either—nothing is forgotten, the book being a regular storehouse for doctors who do not know what more to prescribe for chronic patients with symptoms which one neither understood nor could approach with any causal therapy before the dawn of psychotherapy.

Hence a last chapter is devoted to 'psychological medications'. The author starts with the customary: We have no part in Freud's delusions (*'aveuglements freudiens'*). This general condemnation is followed by two paragraphs of the usual ambivalence on the subject of psychoanalysis not worth quoting. Finally the author reveals his own 'active psychotherapy'. First he makes his patients feel that he believes in the reality of their complaints. Once he has established what we could call a positive transference he changes his attitude completely, taking the patient by surprise: *'attaque inopinée et brutale d'une position repérée'*. The author continues: 'The conditions of my armistice will be relentless. They will establish the patient's guilt clearly and ostentatiously, his mediocrity, cowardice and hypocritical perfidy; he will be forced to give up his alliances, to disarm, to plead defeated and accept our peace conditions.' The author evidently identifies here with Marshal Foch.

The only way to come back to one's own equilibrium after discarding this confusing book is to use our own science, its pathology and therapeutic approach, as the rock from which to look over the vast field of neuroses—formerly called neurasthenia.

FRITZ WITTELS (NEW YORK)

ZUR ÄTIOLOGIE DER MONGOLOIDEN IDIOTIE. (The Etiology of Mongolian Idiocy.) By Horst Geyer. Leipzig: Verlag Georg Theime, 1939. 103 pp.

There are between five and ten thousand Mongolian idiots in Germany and for their families the question of heredity is a question of 'to be or not to be'. The author investigated thirty-four cases of Mongolian idiots and their families. In his conclusions he denies the theory of heredity and summarizes his convincing material supporting the thesis that mothers of Mongolian children suffer from ovarian disturbances. Even the concordance of identical twins cannot contradict this statement for apparent reasons. Mongolian idiocy is caused by a 'dysplasmotic ovulum'. The



damage was done to the *plasma*, not to the *gene*. So far as the sterilization law is concerned, Mongolian idiots have to be sterilized no matter what may be the cause of their deficiency, but the families of Mongolian idiots may breathe easier now. The exactness of the method, the collection of the material and the convincing facts of the family trees, as well as the courage of the conclusions, are admirable.

MARTIN GROTJAHN (CHICAGO)

CLINICAL STUDIES IN PSYCHOPATHOLOGY. A Contribution to the Etiology of Neurotic Illness. By Henry V. Dicks, M.D. Baltimore: The Williams and Wilkins Co., 1939. 241 pp.

This book by the Assistant Medical Director of the Tavistock Clinic in London plainly shows that the author has had wide clinical experience from which he has drawn freely in presenting a series of essays upon the psychopathology of the neuroses. The material was prepared mainly to serve as part of a postgraduate course in psychotherapeutic theory and method.

Although the author favors an eclectic position, he accepts the basic principles of psychoanalysis including the general etiology of the neuroses as outlined by psychoanalysts. At the outset he acknowledges his indebtedness to Freud 'without whose labors the field would still be uncharted wilderness'. He also expresses appreciation for the contributions of Jung and Adler, and includes a personal tribute to the teachings of J. A. Hadfield.

He is interested in discovering points of convergence among the conflicting schools of thought. Therefore he is impressed by certain recent psychoanalytic writings which he believes tend toward a broader conception of instinct with emphasis upon self-preservative and aggressive tendencies. He is of the opinion that the infantile dread of insecurity and fear of the loss of the mother's love are based upon the instinct of self-preservation apart from libidinal claims, and he looks with favor upon any views which suggest a diminishing importance of 'castration anxiety', or a shift away from 'pan-sexualism'. He believes that Alexander's recent use of the term 'dependence' is identical with the use of the same term by Hadfield who in 1923 referred to it in connection with a description of the instinct of self-preservation. Evidently the author has overlooked the fact that Alexander in his writings



repeatedly has emphasized the libidinal (pregenital) quality of the dependent and passive strivings.

In the excerpts from case studies presented the author gives some excellent examples of unconscious dynamics, but the relationship of these mechanisms to the total personality structure is not apparent. One gets the impression that he does not fully appreciate the significance of fusion and defusion of instincts. For instance, in chapter III (case No. 8) he gives an example of a height phobia which he attributes to various determinants such as a wish for power, unconscious wish for a moral lapse, etc. However, it is significant that the fear of heights occurred in a woman whose history included manifest homosexuality, hostile and destructive impulses toward her mother and fantasies about her own weakness as well as a compulsive tendency to possess many lovers. The author describes the patient's depreciation of the feminine rôle and her masculine protest which takes a distinctly phallic direction. He does not, however, relate this to a feeling of genital inadequacy, nor does he note the connections between her hostile impulses and her sense of frailty. Consequently there is no mention made of penis envy, feeling of castration, or masochism, as related to her erotic and aggressive behavior.

The chapter on anxiety states probably would be more useful and less confused if the author had assimilated Freud's more recent views as they are presented in *The Problem of Anxiety*, instead of stressing the earlier hypothesis of the direct transformation of libido into anxiety.

There are some timely criticisms regarding the meager literature dealing with the psychopathology of the 'actual' neuroses and fatigue states.

In conclusion there is a philosophic discussion of function and structure from the viewpoint of 'psychosomatic unity'.

The book is of interest chiefly because it indicates the possibility of utilizing psychoanalytic principles in the understanding of a variety of perplexing clinical problems which the author clearly describes. However, despite some penetrating insights into certain psychological dynamics, the formulations appear to be somewhat intellectualized.

EDWIN R. EISLER (CHICAGO)



THE TROUBLED MIND. By Harry Roberts, with chapters on The Insanities, by Margaret Nelson Jackson. New York: E. P. Dutton and Company, 1939. 284 pp.

The authors state in the preface that this book 'should be regarded as an attempt to explain, in simple language, some of the outstanding conclusions of contemporary psychologists, with such criticism as the experience of the authors suggests. One of us has been engaged in general medical practice for several decades; the other has for many years been a medical officer at a hospital devoted to the care of mental abnormals. Such constitutes whatever authority we have.'

Unfortunately, the promise of simple readable language is not kept. By the time one reaches page 2, one finds that the author's sentences are long, involved and clumsy, and that it is often necessary to study a sentence in order to extract its meaning. The author's use of idiom and the vernacular are somewhat strange and unfamiliar. One finally discovers through the idiom, the spelling and the material in the last chapter which deals with commitment procedure, that the author is British. It is curious that the publishers give no biographical data concerning the author, and force the reader to become a literary Sherlock Holmes to discover in what part of the world the book was written.

In the first two chapters, dealing with the definition of mind and psychophysical relationships, we find an interesting discussion stressing the need for an enlightened and eclectic psychological and psychosomatic approach to mental problems. The author states: 'It is mind that gives a purposive turn to the physical processes of our bodies'. He considers that mind is something that pervades even the individual cells and he cites 'the remarkable discriminatory activities of such cells, for example, as those which line our intestines and the tubules of our kidneys'. These chapters offer promise of a book which may be stimulating and original.

However, the chapter on the unconscious mind disillusiones the reader and suggests that the author does not have a profound understanding of human psychology. The ensuing chapters concerning complexes, conflicts, sublimation, habits and education, confirm this impression. The author is glad that there is a 'new psychology' but when he attempts to explain it he exposes his lack of understanding. The impression grows that he is parroting



concepts that he does not truly comprehend. Perhaps the author is unintentionally admitting lack of comprehension when he says: 'Such strange forms do they [buried complexes] sometimes assume that only those who specially study such matters can recognize them for what they are, or rather for what they were'. His picture of the unconscious is strange indeed to those who deal with the unconscious in their everyday work. Nowhere in his chapter on the unconscious does the author give adequate consideration to the harsher qualities of man such as aggressiveness, destructiveness, self-destructiveness, hate, jealousy, acquisitiveness. He acknowledges and expounds upon the good and socially acceptable urges of the unconscious. He does not describe the rôle that anxiety plays in the unconscious, nor even the rôle it plays in the conscious. He does not recognize the presence and importance of the pleasure principle in human psychology. He is certain there is no sexuality before twelve to fifteen years of age. He discusses the importance of proper character building but gives no consideration to the factors that psychoanalysts know to be so important in character formation. He displays a tendency toward a one-sided, unrealistic judgment of human nature, somewhat moralistic and somewhat pollyannalike. At times one detects a touch of Dale Carnegie.

In his chapter on The Freudians and Psychoanalysis the author is of course unable to present a satisfactory account of what psychoanalysis is or does. Rather he presents whatever fragments of psychoanalytic theory or statements he feels he can best attack. In the course of his attacks upon the use of dream symbolism in psychoanalysis it becomes obvious that the author does not know how psychoanalysts utilize dream material. He does not seem to know the very elementary fact that interpretations of symbols are usually confirmed by free association, or by the incidents of the previous day or previous analytic hours, or by the fact that that patient used the same symbol previously, etc. Interestingly enough, however, the author is willing to accept the suggestion that the explanation for 'those queer floating and gliding dreams' lies in the fact that 'our animal predecessors moved somewhat after this fashion through the water in which they lived'.

The rest of the book is more or less what one would expect, considering the foregoing deficiencies. The sections on neuroses and treatment of neuroses are bad. The section on psychoses and part of the section on mental defect are good. They are well



written, well planned, informative, and clinically accurate. Presumably, they are written by the co-author. The chapter on treatment of psychoses does not include consideration of shock therapy.

On the whole the reviewer feels that this book has little value.

GEORGE S. GOLDMAN (NEW YORK)

NEW CREATIONS IN HUMAN BEINGS. By Louis Berman, M.D. New York: Doubleday, Doran & Company, 1938. 316 pp.

Dr. Berman has the passionate conviction of a zealot. Reading his turgid prose, one cannot doubt his sincerity: 'For of that top breed of those who are known as the blue ribbons, the first, the primates, the aristocrats, of the vertebrates, the ultimate birth of time's gestations, placed at the very head of the hierarchy of the living, all that could be averred would be that Man's utmost endeavours to succeed as a species had attained to neither his expectations nor his aspirations, but were only leading to his degradation, if not his destruction.' It is his thesis that man is degenerating and his belief that something can and should be done about it. Glands are the answer. 'Man must learn to cleanse and purge himself of his infantile complexes of fear and shame and guilt and malice. These are not fixed and ineluctable accompaniments of his destiny but the escapable concomitants of ignorance and weakness that can be overcome. He must and can be purified of his own self-begetting frustrations and poisons and disinfected of polluting protoplasms. He must learn to feed himself with the holy substances of life as they enter his being through his food to be transmuted into the living matter and living energy, the living system of forces and capacities, functions and achievements which is the human personality. And he must above all, learn to cherish the sustenance and refreshment of his endocrine organs, as the carriers of the deepest sustainers and governors of his being.' Psychoanalysts will find in this quotation much more and less than was intended by the author.

R. G.

PERSONALITY CHANGES AFTER OPERATIONS OF THE FRONTAL LOBES.

By Gösta Rylander. Copenhagen: Einar Munksgaard, 1939. 327 pp.

Thirty-two patients were examined before and after partial excisions of their frontal lobes performed because of tumor or



abscess. Emotional changes occurred in thirty cases. These changes were revealed in a diminished inhibition of affective responses in twenty-five cases, and in a displacement of the habitual feeling level in twenty-eight cases, in twenty towards euphoria and in eight towards depression. Changes in volitional and psychomotor activity occurred in twenty-two cases. Fourteen patients showed restlessness and twelve deterioration of initiative and interest. These symptoms sometimes appeared together. Intellectual changes, mainly involving the higher faculties, occurred in twenty-one cases. There did not seem to be any distinct difference between the patients with left-sided and the patients with right-sided lesions. Large excisions seemed to result in greater deterioration than small. Certain vegetative symptoms (increase in weight and appetite, increased and decreased libido, youthful appearance) were observed but not frequently enough to allow any opinion on their significance.

An exact description of the methods of study including a large number of tests and a detailed report about the case histories form the main part of the book and the basis of the conclusion.

MARTIN GROTJAHN (CHICAGO)

THE PATIENT AS A PERSON. By G. Canby Robinson. New York: The Commonwealth Fund, 1939. 423 pp.

Dr. Robinson feels that 'the human problems which surround the patient' are as much the province of the doctor as is the immediate medical complaint presented by the patient. These arise from adverse social conditions affecting subsistence and satisfaction. He does not speak of personality problems in the psychiatric sense, but recognizes 'one basic adverse condition . . . personal inadequacy'.

The case material consists of one hundred seventy-four dispensary and ward patients of the Johns Hopkins Hospital, a fairly unselected group of admissions to the medical service between the spring of 1936 and June, 1937. The method of study involved sympathetic interviews for discussion of the 'work, habits, associates, family, church, or any other topics that seemed to contain a problem'. The 'adverse social conditions' thus revealed were considered from the point of view of the patients' physical and social assets and liabilities, and advice and help were then offered. This inquiry showed that 'adverse social conditions were important



factors in the treatment or medical care of one hundred twenty-four patients (71 per cent)'.

The body of the book consists of case histories. The section on circulatory symptoms best demonstrates the applicability and the contribution of Dr. Robinson's approach. Of forty patients presented here, twenty-nine had demonstrable organic lesions. It is successfully shown how important is the interrelationship between organic disease and emotional disturbance and how much can be done by sympathetic personal interest and the use of community resources to bring to, and maintain in, comparative health those suffering from chronic disease.

The group of eleven patients presented under the heading, 'Patients with Circulatory Symptoms that were Caused Mainly by Emotional Disturbances' tells a different story. Here we find the familiar pattern of symptomatic improvement accompanying personal attention from a new doctor with the subsequent recurrence of symptoms when support is withdrawn. In this instance and particularly in the chapter dealing with 'the psychoneurotic patient', the author's occasional recognition of the difficulties involved in treatment is so overshadowed by his optimism that the conclusions do not seem realistic. Dr. Robinson does not appear to recognize the inadequacy of his brief period of observation as a basis for drawing conclusions as to the efficacy of treatment in mental illness. Nor does he realize that he is practising psychotherapy. He says, 'We hesitate to say that psychotherapy was used' although 'our few interviews were directed toward bringing patients to realize the nature and cause of their psychogenic symptoms and toward persuading them to take a rational rather than an emotional attitude toward their adverse social conditions' (p. 44). If this is not psychotherapy, nothing short of psychoanalysis is. This misconception is the more regrettable in that while the author discovers that 'reassurance that there was no organic disease was disappointing to many patients with psychoneurotic symptoms', he believes that 'in only relatively few instances did subconscious or deep-lying causes of emotional disturbances' (p. 46) play a significant rôle in the manifold and baffling symptomatology he had the opportunity to observe.

The importance of this book depends upon its success in influencing physicians to accept responsibility for the treatment of the emotional disturbances which are an integral part of every disease



entity. Should it succeed only in convincing them of the correctness of the author's superficial concepts of the nature, etiology, and treatment of the psychoneuroses, its influence could only be unfortunate.

WILLIAM G. BARRETT (BOSTON)

THE SINGLE WOMAN AND HER EMOTIONAL PROBLEMS. By Laura Hutton, M.D. Baltimore: William Wood and Company, 1937. 169 pp.

This book, though small in size, covers in a comprehensive manner the wide range of the emotional problems of the single woman for whom the possibility of marriage is precluded. Though it deals primarily with problems and suggestions for solving them, it also gives a cursory review of the psychological factors which may lead to the development of problems. It is designed to aid not only the individual, but also all those interested in her welfare such as doctors, nurses, social workers and others.

The author considers the single woman's basic problem to be loneliness due to the frustration of her instinctual needs—matehood and motherhood—and her most constant difficulty to be the temptation to regress to childhood modes of behavior. Because of these problems much consideration has been given to the subject of emotional friendships, particularly with women, as herein, the author feels, lies the best outlook for her frustrated emotions.

Sexual problems are dealt with not from the point of view of sexual pathology but as a natural result of the present day situation. Dr. Hutton feels that for some women masturbation may be the best possible solution for the relief of psychosexual tension. The author feels that although the experience of affairs with men may prove beneficial physically and psychologically, emotional instability may often result on account of their transitory nature, social attitudes, and unconscious conflicts. With women who are mature and responsible, on the other hand, a love relationship may be constructive in solving the problem of frustration of biological fulfillment.

Throughout the book the author points out the necessity of reducing anxiety and removing guilt in order that the individual may make a more mature adjustment, and she stresses the fact that this can be achieved only through the help of an understanding, tolerant adviser.



In the final chapter on adjustments there are suggestions for the cultivation of friendships and interests, and a plea to society for a more sympathetic attitude toward the single woman.

Though the author handles her subject with great sympathy and understanding, the reviewer feels that this book will be of therapeutic value to only a limited number of intelligent women and not the great mass for whom it is intended. There is too grave danger that the lay reader who has no understanding of unconscious conflicts may interpret Dr. Hutton's views on sexual relationships as advice and attempt to make some such adjustment, a move which might result in guilt and possibly paranoid reactions. However, the book should fill an important need in the hands of the medical profession and all trained advisers.

LEOLIA A. DALRYMPLE (BOSTON)

ÜBER SINN UND SINNLOSIGKEIT DES LEBENS (On the Meaning and Meaninglessness of Life). By Margarethe von Andics. Vienna: Gerold & Co., 1938. 172 pp.

To find an answer to this problem, the author questioned one hundred people who had attempted suicide about their motives. As one would expect, the answers make responsible all kinds of human miseries without furnishing any clue to a specific psychological cause for suicide. The author admits that the reasons given may or may not lead to suicide and that there must be some unknown factor which decides the issue. This factor or factors, she states, must lie in the character. Her few hints at such factors are: (1) a poor faculty for friendship and for adaptation to community living and (2) a general weakness of the sex drive. These are held to be the psychophysical correlatives to 'a certain weakness of the personality' which makes the individual unfit to cope with external and inner difficulties.

The author's conclusions leave off at the very point where psychoanalytic investigation should begin. But she purposely excludes all 'depth-psychological' investigations, confining herself to phenomenology. With the assumption 'of both psychoanalytic schools of thought that suicide is always a revenge on the environment', the author argues that a person so unhappy that he commits suicide is in himself a reproach against the environment. But it would be wrong to dispose of the problem by labeling it revenge. A person whose value was questioned by the environment might



anticipate the severity of his loss for the survivors and thus at the price of his existence try to establish its very value by destroying it.

Appreciating the strong social feelings of the author we cannot but regret that she allows herself to be led astray by them. A person abuses the majesty of death in order to force others to appreciate him as much as his inflated ego unsuccessfully tries to appreciate itself. His argument that he is valuable is to be rejected if he tries to prove it by suffering and self-destruction rather than by performance and constructive efforts. *De mortuis nil nisi bonum* is here more than in any other case not only the outgrowth of feelings of guilt but also an injustice to those who suffer without destroying themselves and to those few who destroy themselves for more realistic and less narcissistic reasons.

CARL M. HEROLD (NEW YORK)

BACHOFEN—FREUD: ZUR EMANZIPATION DES MANNES VOM REICH DER MÜTTER (The Emancipation of Man from the Realm of the Mother). By Adrien Turel. Bern: Verlag Hans Huber, 1939. 216 pp.

Every once in a while even the passionate and habitual reviewer finds a book which is as difficult to report on as a sonata or a surrealist picture. The case of this book is furthermore complicated by the author's superb but very difficult German style. Like psychoanalytic interpretations, the weight of the author's intended impression is based upon the formulation as well as on the content of his material. The wide range of the author's use of comparisons may be demonstrated by the fact that at one place, not in pseudo-scientific exactness but only for illustrative purposes, he tries to put Bachofen's entire theories into a mathematical formula (p. 113) and in another place (p. 178) he effects a very surrealist sounding composition when he starts to summarize his conclusions with the words: 'once the sea emerged from the land and was called the tree'.

Johann Jakob Bachofen was born in Basel, Switzerland in 1815; there he died in 1887, little known even in the German speaking countries. He founded the theory that the patriarchy is based upon and emerged from the matriarchy. To prove this hypothesis he was the first one who discovered 'prehistoric history' by investigating culture from which we do not possess written documents. Archæology, mythology, paleontology and even poetry are used for the purpose of historic interpretation and reconstruction enlarging



the known historic space fifty times. Bachofen's methods are closely related to Freud's psychoanalytic methods. The reaction of the scientific world to the discovery of the chthonic matriarchial period so unknown to Goethe and Winkelman and so out of line from the common image of the antique was one of disgust and negligence. Mankind does not like to face its maternal dependence and origin.

The foundation and the starting point of Bachofen's thoughts is his analysis of Æschylus' *Oresteia*, especially the third part of the trilogy, *The Eumenides*. The Erinyes are the priestesses of the matriarchy defending Clytemnestra. They are opposed and attacked by the young deities Apollo and Athena, the representatives of the beginning patriarchy, who defend Orestes. According to the old matriarchal law Clytemnestra was not the murderess but the lawful executioner of Agamemnon. According to the new patriarchal law Orestes did not murder his mother but avenged his father. The matriarchic principle of maternal pregnancy and birth is opposed by the spiritual idea of paternal procreation culminating in the cephalogenesis (Pallas Athena). The fight between matriarchy and patriarchy, the fight of Theseus against the Amazons, the fight between the old culture of Asia with the new culture of the antique in Athens and Europe is the essential meaning and importance of Greek history. In this time of the beginning patriarchy, the Erinyes are still powerful but they become the childless mothers of the night, living in the darkness of the earth; deities of life and fertility but subdued and drawn into darkness by Zeus—the new Patroos of the patriarchal Olympus.

The analysis of Shakespeare's *King Lear* and Goethe's *Faust* shows a similar 'Æschylus structure'. The author's *Faust* analysis is a masterpiece and proof of the productiveness and general validity of Bachofen's analysis. He divides roughly the two parts of *Faust* into three chapters. The first part is the 'Gretchen-Medea' part picturing the matriarchy. The first half of the second part (*Homunculus*) is the picture of the patriarchy and only in the last half are synthesis and harmony of both forms achieved.

In Sophocles' *Œdipus* tragedy the problems and conflicts are clearer, more open than in the Æschylus tragedy. Shakespeare's *Hamlet* is more closely related to Sophocles than his *King Lear* to Æschylus. In the *Œdipus* tragedy the fight between matriarchy and patriarchy is no longer the issue. This question is settled so far as the unchallenged predominance of the patriarchy is con-



cerned. Œdipus, Hamlet, Don Carlos picture the same incest conflict and differ only in the degree of consciousness (Otto Rank). What Œdipus did was wished by Hamlet and already repressed by Don Carlos. All three dramas could have been written by the same Sophocles growing older and more Christian. The subjection of the mother and of the woman by the man is not only a problem of libido but also a problem of power and recognition of the male who cannot forget the period of gynecocracy when he once was submitted to the frightful passage 'under the yoke'.

The patriarchy brought with it not only 'law and order', as for instance marriage and property, but also the knowledge of death and the belief of life after it. *Behind* the man in the patriarchy are procreation and birth; *before* him achievement and death. As the mother who kept us before birth dismissed us from the prison ready to live, so God, the father, could not be more cruel than the mother and is bound to take us back in his womb after death. The combination of Bachofen's views with those of Freud results in new insight so far, for instance, as cannibalism is concerned. The sacrifice of the man on the threshold of the patriarchy is—besides the rightfulness of everything we learn from Freud—a tribute of man to the predominance of the mother. The man too can give life—*his* life—to his brothers and sons. The man of tomorrow who knows about the synthesis like Goethe in Faust, lives 'beyond mother and father' and does not need to fear, to hate, to despise or to ridicule women. He overcomes his *Verdrohungsangst* (fear of becoming a drudge, a gigolo, or of being henpecked). This is a late achievement of mankind exactly as knowledge of the father is a late achievement of the child.

This simultaneous knowledge of Bachofen and Freud gives new insight into the psychology of the masses. Every mass meeting activates feminine features in the assembled men, as the dictators of our time know very well. The masses are passive and onlooking, watching the fight not only in the bull arena and boxing ring, but everywhere. Unorganized masses regress to chaotic, bacchantic anarchy, 'communistic' promiscuity. Every mass includes the spirit of panic and rebellion because no man can enjoy the rôle of a transvestite indefinitely.

Psychoanalysts will probably read this book (illustrated by a reproduction of Deschwanden's Bachofen, and a photograph of Némon's statue of Freud) with great interest, and will find it a



stimulating contribution to the evidence against the widespread belief that matriarchy is a regression from patriarchy. Matriarchy is probably the *Ur*-form of society. The first period of Aphroditic promiscuity was the hetaric mother state without marriage and family, with the swamp as the symbol of fertility in the worship of chaotic abundance. The second period of the matriarchy had a primitive form of marriage, but there was still female dominance, the moon and night rites, and the emphasis on the left side (Amazons). Only later was the patriarchy of historic times established: androcraty, imperialism, sun rites, worship of the Holy Ghost.

A return of matriarchy was not expected by Bachofen. It is nevertheless conceivable that we have signs of it in our times in the matriarchal features of modern mass formations and in the struggle of the great democracies against the dictatorships. The latter, indeed, probably do not represent true patriarchy but a culture form which might be called 'sultany'.

MARTIN GROTHJAHN (CHICAGO)

THE MARCH OF MIND. By F. Sherwood Taylor. New York: The Macmillan Co., 1939. 311 pp.

Dr. Taylor's undertaking borders on the gigantic. More a vast and hurried panoramic view than a 'march' is this study, for in three hundred and ten pages the author has flown us through the entire span from the beginnings of science and the science of Greece through eastern, Arabic, medieval and the Renaissance through the rise of modern science; and in all too brief eighty pages he discusses what he calls the 'Age of Science', relating mostly to scientific progress since 1850.

The starting point of this erudite manuscript is a definition of natural science which is 'the grouping of well-tested observations into an ordered and intelligible scheme based on general principles or laws discovered from such observations and capable of being used to predict future phenomena'. The grouping of pure science includes physics, chemistry, biology, astronomy, and geology; engineering and medicine as the applied sciences and mathematics and logic are regarded as the instruments with which sciences are constructed. With this basic outline Dr. Taylor starts on his interesting journey through scientific eras.



The development of man's conception of the external world began with magic, developed into religion and reached that level of philosophical speculation which finally became the scientific method. Primitive man paved the way for natural science by his mastery over matter and by his thoughts about the nature of the external world.

The chapter on medieval science (about 500-900 A.D.) pictures an age of ignorance. The lack of stable political organization in the western world is the excuse for a disappearance of the knowledge of the classical world and a lessened desire for learning. Intellectual life was lived wholly within the Christian Church, and 'an uncritical acceptance alike of Christian doctrine, fairy tale, legend and a few scraps of classical lore was the highest intellectual achievement to be expected'.

From 1100 A.D. downward Dr. Taylor reports a rapid progress in learning; stable systems of government appeared, international commerce began and wealth permitted scholars to live the learned life in the protection of the church. A dawn appeared on the horizon about the fifteenth century: the 'cult of the Classics became a ruling passion' and the Renaissance, so well under way in Italy, spread like wildfire and made ripe the plant of modern science. The reader will find absorbing material in the chapter reporting the early discoveries and development up to 1850 of mechanics, physics, chemistry, astronomy, biology, anatomy and technology. The spirit was Humanism. The nineteenth century brought the destruction of archaic conceptions: writers showed sacred books to be inconsistent and advocated the value of reason; finally Darwin and Huxley rendered their magnificent contribution which abandoned the belief in the special creation. From there on Dr. Taylor takes us down to the present with a rich description of brilliant scientific advances.

It is not possible to review as does Dr. Taylor, the men and their methods of scientific discovery, nor is it important to do so to impress the reader with the value of this book. But although *The March of Mind* has great value as far as it goes it does not go far enough. Dr. Taylor has tried to show the changing attitude of men to science and that of science to the external world, but he has devoted only a tiny reference to the outstanding contribution of our present age, namely the relation between disease and the mind. He passes this off with a reference to the various psycholo-



gies, making the mistake of the uninitiated in labeling freudian psychology as suggestion. Nor does he mention the vast new fields that are opening rapidly before us in the studies of chemotherapy and psychosomatic medicine.

It is Dr. Taylor's fine pragmatic viewpoint however that makes his book on the subject more enlightening than many others.

SAMUEL Z. ORGEL (NEW YORK)

POWER. By Bertrand Russell. New York: W. W. Norton & Company, Inc., 1938. 305 pp.

Technical progress, by increasing man's control over inanimate nature, has thereby also increased tremendously his power over his fellow men. It is therefore not only timely but fruitful to attempt an analysis of past and present sociological scenes in terms of man's power over man. In this book the author is 'concerned to prove that the fundamental concept in social science is Power, in the same sense in which Energy is the fundamental concept in physics. Like energy, power has many forms, such as wealth, armaments, civil authority, influence on opinion. No one of these can be regarded as subordinate to any other, and there is no one form from which the others are derivative. The attempt to treat one form of power, say wealth, in isolation, can only be partially successful, just as the study of one form of energy will be defective at certain points, unless other forms are taken into account. Wealth may result from military power or from influence over opinion, just as either of these may result from wealth. The laws of social dynamics are laws which can only be stated in terms of power, not in terms of this or that form of power.' The book is a survey of different forms of power, illustrated by examples from world history and by considerations of philosophies and ethics of power. In the range of choice of examples the author's broad knowledge of these fields and his clarity of understanding are apparent. They convey a rare sweep of outlook.

The problem is dealt with in terms of social behavior. The will to power is recognized as only one of the important human motivations but together with its complement, submissiveness, the most significant for social problems. The book is a distressing chronicle of man's inhumanity to man but the nature and source of this phenomenon are not thoroughly or explicitly dis-



cussed. The tendency to cruelty of those in power and the dangers of concentrating power are clearly stated, as are some suggestions for opposing such concentration. The drive for power is taken as a constant and the sociological analyses proceed from this. Hence the questions raised by Einstein and answered in part by Freud in *Why War?* are not brought up. Nor is there any mention of the emotional bases of man's tendency to organization, his submissiveness to religious and secular leaders, and so on. These considerations would carry the analysis much deeper, but they are not the author's main thesis. The book is another recognition that at bottom the technical and organizational advances of society will provide no durable solution to its problems unless man's impulses of cruelty to his fellows are frankly faced and dealt with—and perhaps eventually domesticated.

LEON J. SAUL (CHICAGO)

THE SCIENTIST IN ACTION. By William H. George. New York: Emerson Books, Inc., 1938. 354 pp.

This book aims to present science as one form of human action and so to consider it as inseparable from the scientist himself. 'The research worker, as a pure-reason machine, is abandoned for the idea of a biological unit reacting to, and acting upon, an ever-changing environment. . . . In its passionate and challenging devotion to facts, science seems to be distinguished from all other human activities. . . . A passionate devotion to statement of fact outside of science may alienate a man from his friends, if not put him in a law court, prison, concentration camp, or before a firing squad.' Scientific research, says the author, yields facts and arrangements of facts. Opposed to research are man's tendencies to attack or escape from what is new, his thinking in terms of should and ought, and his assessments of value. The author lays great emphasis upon the importance of 'patterning', which he developed before becoming acquainted with gestalt psychology. The book is conscientious, detailed, and replete with illustrations from all fields of scientific research. Psychoanalysis is briefly included as an illustration of research by 'extremes'—referring to learning about the normal by studying the psychoses, perversions, etc. The author evidently has a real biological and psychological interest in his theme. 'The whole book', he says, 'is based on the idea that whatever else it may be, research is a form of human action'. But the



book is disappointing in that although quite thorough it is very academic in its presentation of the various aspects of the scientific method, and also in that it contributes but little to the psychology of the scientist. Regarding the latter, this is to a certain extent natural since the physicist is not equipped by training to deal with such a problem of applied psychology. It is of incidental interest that some repetitive actions are given as examples of 'patterns of action' without the realization that they are typical compulsive symptoms. It seems to the reviewer that any comprehensive account of the psychology of the scientist must include a consideration of his unconscious motivations and of his type of thinking, particularly in relation to what is known concerning the characteristics of obsessional thought. Freud has given a clue in remarking that continence is apt to be common among intellectuals but is rare among artists.

LEON J. SAUL (CHICAGO)

**A VISUAL MOTOR GESTALT TEST AND ITS CLINICAL USE.** By Lauretta Bender. New York: The American Orthopsychiatric Association, Research Monograph No. 3, 1938. 176 pp.

In presenting Dr. Bender's monograph the American Orthopsychiatric Association has added a very worthwhile publication to the growing literature on experimental psychopathology. This work gathers between two covers excerpts from the series of contributions of Dr. Bender on the motor gestalt test which have been published in various technical journals in the last few years, integrates them with new critical and theoretical material and reports additional clinical data on the feeble-minded, certain neuroses and psychoses and malingering. The standardization of the test as a performance test for children is also reported.

The data are offered as a contribution to gestalt psychology, to the psychology of the functioning of the personality and to the science of clinical medicine. I think Dr. Bender is completely right in her belief that of all the academic psychologies gestalt psychology offers the greatest number of implications for clinical psychiatry and is equally right in thinking that gestalt psychology itself is enriched by her clinical data. The test she standardizes has already given us much and promises to give more semi-objective data to enlarge our knowledge of personality structure. The test gives us another valuable tool towards the investigation of the



nature of the specific functional and organic neuroses. The presentation of standardized norms will do much to make the test available to other investigators in the fields of child and genetic psychology and experimental psychopathology.

The visual motor gestalt test like the Rorschach test, the Luria technique and certain of the procedures of the topological psychologists is important as a pioneer attempt to create an experimental psychopathology. I have often expressed the belief that the future of psychopathology lies in this field. Consequently it is a pleasure to concur with the conclusion in Dr. Schilder's preface that this work 'opens up important vistas. It will help the psychologist and the psychiatrist. It will interest everyone who is interested in problems of development.'

J. F. BROWN (TOPEKA)

L'ESPRIT ET LE RÉEL DANS LES LIMITES DU NOMBRE ET DE LA GRANDEUR.

(Spirit and Reality in the Limits of Number and Size.) By

Francis Maugé. Paris: Librairie Félix Alcan, 1937. 362 pp.

This, the first volume of a series entitled *La destinée et le problème du vrai*, may well be of greater interest to readers attracted by the more inclusive general title than to those who expect much from a specific study of *l'esprit* and *le réel* in terms of mathematical philosophy. Such a reference is indeed misleading, for mathematical certainties are eschewed in M. Maugé's metaphysics and the quest of Truth rather than limited truths is indicated as appropriate for philosophy. It is not, in spite of the title, Descartes the mathematician but Kant the transcendentalist who illuminates—some might say, overshadows the work. Even more, 'after twenty-seven years of meditative silence', the author is still in evident and avowed debt to Schelling; but the disciple seems to cling to a phase of his master's thought which Schelling felt himself to have amplified and supplemented in his later work.

JAMES GUTMANN (NEW YORK)

FREUD AND MARX; A DIALECTICAL STUDY. By Reuben Osborn. New

York: Equinox Co-operative Press, Inc., 1937. 285 pp.

For this book John Strachey supplies a sympathetic introduction. The author reviews in a little over a hundred small pages the theory of psychoanalysis and it is as surprising as it is refreshing to find therein an intelligent and succinct understanding.



The second half of the book deals with a review of the materialistic concept of history. A convinced Marxian, the author very skilfully and at times with very good reason tries to prove that Marxism and psychoanalysis are complementary. On the other hand, he is too anxious to place Freud in the rôle of a dialectic philosopher and the value of psychoanalysis appears to him most frequently to lie in his belief that it could be profitably utilized in the business of propaganda for a world revolution. Whatever use a practical philosopher, be he a revolutionary or reactionary, may want to make of scientific data, these scientific data remain scientific and neither revolutionary nor reactionary. Mr. Osborn is very earnest about his revolutionary convictions but his social and political philosophy makes him too eager a proponent of Freud as a political and social instrument. However, it is an interesting attempt because the author's goal is a practical one and, as a practical person, he naturally wishes to use all means available at the moment. It is doubtful whether his genuine sympathy with Freud adds much to his revolutionary efficiency.

G. Z.

THE MIND OF PRIMITIVE MAN. By Franz Boas. New York: The Macmillan Co., 1938. 272 pp.

This reissue of an older work has lost none of the original value. The well-known author definitely favors a psychological point of view and on the basis of his vast scientific experience he explodes the most recent racial myths which are so much in emotional vogue today in certain quarters. The historical review of the problem, while brief, is very comprehensive. It is difficult nevertheless to rid oneself of the impression that despite the title, *The Mind of Primitive Man*, the book really has little to do with the mind. Anthropology still struggles with various purely anatomical and physiological criteria and a more or less conceptual psychology.

G. Z.

## ABSTRACTS

Zur Ökonomik der Pseudologia phantastica. (The Economic Function of Pseudologia Phantastica.) Otto Fenichel. *Int. Ztschr. für Psa. u. Imago*, XXIV, 1939, pp. 21-32.

Pseudologia phantastica is a special method of denying dreadful reality. The author's patient made herself believe her nurse's absurd stories and tried to make others believe her own absurd stories which by psychoanalysis were uncovered as derivatives of sadomasochistic fantasies. Her unconscious reason for doing so may be expressed in the following formula: 'If I succeed in making myself and others believe such absurd lies I prove to myself that perceptions are deceiving. I need not be afraid any longer of the cruel acts I have seen and heard in my parents' sleeping room. Those old perceptions of mine do not represent reality either. They only seem to be true as these new ones do.'

After witnessing the temper tantrum of a psychotic man she depreciated this new shocking experience as untrue by producing still more sadomasochistic fantasies to calm her attacks of anxiety. People were enlisted to confirm her fiction that one can be deceived by what one sees and hears. The libidoeconomic effect of her fantasies was supported by increased masturbation.

The author describes analogous methods of denying dreadful reality. Some artists retire from emotionally unacceptable reality and recreate their own corrected substitute-reality in their work. They reassure themselves and others whose unconscious needs they meet that their artistic fantasies represent reality (*cf.* function of a fetish and of screen memories) and that their original perceptions are errors. Apart from this propagandistic demonstration they unconsciously try to depreciate the reliability of perceptions quite as it is done in pseudologia phantastica: 'If perceptions are so unreliable that these artificial creations can be accepted as representing reality one need not rely on other perceptions. Their dreadful contents do not exist in reality.'

Another specimen of falsification with the same economic function is the philosophical system of many a compulsive neurotic. He pretends it encompasses everything and permits no doubts about its perfection either to himself or to others. His doubts are displaced to his minor frauds. He secures believers in his system as witnesses or tests for the unreliability of perceptions. He annihilates the dreadful parts of reality by the magic of excluding them from his system and making sure that nobody knows them.

BERNARD A. KAMM

Ich-Psychologie und Anpassungsproblem. (Ego Psychology and the Problem of Adjustment.) Heinz Hartmann. *Int. Ztschr. f. Psa. u. Imago*, XXIV, 1939, pp. 62-135.

More and more the ego is becoming the principal object of psychoanalytic research. Psychoanalysis having first studied the basic instincts is able to study the ego differently from the other psychologies, namely, dynamically and genetically. Psychoanalysis explains the origin of the ego structures and functions as the result of the interplay of innate biological tendencies



in the organism and the influence of the environment upon them. That it is this interplay that first and foremost makes the ego comprehensible to us, Hartmann assumes by placing the concept of 'adaptation' in the centre of his discussion of the principles of ego psychology. He is, it is true, of the opinion that until now psychoanalysis—starting from clinical problems—has primarily seen only those sides of the ego which are explicable in terms of inner psychic 'conflicts', of defense attitudes of one part of the subject towards another. But he maintains there is also a 'sphere without conflict' (*konfliktfreie Sphäre*) originating nevertheless in antitheses between the organism and the environment. Because of the importance of this origin, the reviewer regards the term 'sphere without conflict' as perhaps somewhat misleading, as tending towards a *static* point of view.

Actually, Hartmann's arguments at times give the impression that he underestimates the interactions of ego and id, the building up of ego forces through peremptory deflection of instinct energies, and the fact that what psychoanalytic characterology has previously investigated is not merely pathology but fundamentally an explanation of the genesis of ego structures. What is meant here becomes extraordinarily clear in a simile used by Hartmann. He writes: 'It is an essential part of the description of a country, a nation and a state, that its borders be defined and a statement be made of its military involvements with neighboring peoples or states. But one may also take as subject the peaceful development of the population, its economic and social structure, its administration, as well as its peaceful border traffic. . . . This interplay of the so-called peaceful inner development both in its favorable and aggravating as well as in its favored and aggravated relationship to psychic conflict would be a matter for investigation.' But the 'so-called peaceful inner development' is itself merely the outcome of differences that were originally anything but peaceful!

This does not exclude the possibility, as Hartmann shows us, that at many points where previously we have thought defense to be at work, elements of adaptations were the main activating force. As an example of this, fantasy is first explored, then affective behavior; and it is this investigation which leads Hartmann to the discussion of the concept 'adaptation'. He considers the multiple significance of this concept, the multiplicity both of the things to which one adapts one's self, as well as of the methods through which one makes the adaptation, the dependence of the means of adaptation upon the social structure of the particular society and the relativity of the alleged contrast 'biological-sociological'. We see that in addition to instincts in the original sense and environmental influences, there are also hereditary apparatus which assist in controlling the environment and which, in the course of development, undergo a maturing process. This maturing consists of a juxtaposition of differentiation and centralization, eventually resulting in 'achievements being attained by the ego that were formerly undertaken by other agencies', a procedure accompanied by an increasing internalization.

Thus the so called 'inner world' likewise becomes significant as that which is experienced as 'outer world'. The general condition of the organism (the state of its instinct tensions) determines what it experiences and how. For the animal, this attunement between inner and outer world is itself adapta-



tion; for man, 'control processes tending toward objectivity' (*objektivierende Steuerungsvorgänge*) attain significance. Without discussing the development of perception and motility (whose connection with the 'instinct sphere' would be just the point of interest for an examination of the problem of the so called 'sphere without conflict'), Hartmann immediately enters into a detailed consideration of such 'control processes tending toward objectivity'.

He discusses *thinking*, especially intelligence, i.e., using the ability to think for the purpose of adaptation, and disturbances of the intelligence which, of course, originate in instinct conflicts.

He then discusses *rational behavior*, attention being called to the relativity of the concept rational; the idea of a completely rational person is very rightly criticized. The interesting comments regarding the interaction between rational behavior of the individual and the social structure do not seem quite sufficient to us. 'We see', Hartmann writes, 'how industrialization creates rationalization, but because of its mass-character it simultaneously creates all the irrationalities which are associated with mass-psychology.' It seems to us that a considerable part of these irrationalities is determined not by its mass-character but directly by the economic contradictions in the realm of so called industrialization.

The third control process is the *will*. 'We know a good deal about the dependence of the will upon need, but little about its own specific psychological significance.' Nevertheless, that little seems very important to the reviewer. For will is nothing else but 'instinctual impulses modified through evaluations by the ego, or by the super-ego'; and just how these modifications occur, how values originate, is one of the main interests of psychoanalysis. Herein is the entire problem of the origin of ideology, so significant for sociology. That systems of value handed down by tradition can greatly simplify adaptation will certainly not be questioned by anyone. That they are socially determined is likewise emphasized by Hartmann.

He whose 'control apparatus' functions is healthy. Hartmann discusses criteria for mental health. The relativity of this concept and its numerous dependent factors are excellently presented. Likewise the concept 'adapted to reality' has various meanings, and actions adapted to reality are actually not always guided by intention and rational motivation. In this connection Hartmann speaks of 'automatism', of 'abbreviated formulae'. No question but that they also may serve the purpose of adaptation. But the important question, about under what conditions they do this and what automatizations determine 'rigidities' that paralyze the flexibility needed for adaptation to reality, is not sufficiently answered. The answer is probably to be sought along the following line: we must distinguish between automatisms that offer the possibility of discharge to the original instinctual energy and those that have the character of reaction formation. The 'super-rational', unable to let himself go, ('the healthy ego can submit to a "must"'), which Hartmann criticizes, does not of course arise from the fact that the person in question has automatisms, but rather that he is seeking—with the help of automatisms—to keep contrary strivings suppressed!

When such 'abbreviated formulae' occur, 'temporary psychic apparatus' are formed which owe their origin partly to an inner maturing process,



e.g., in the case of the development of speech, which in turn so decisively influences the development of thinking. Hartmann summarizes his opinion of the relation of this 'maturing process' of the ego mechanisms to the instincts as follows: in most cases 'it is safe to assume that both the instinct process and the ego mechanism are traceable to a common source in the period of ego differentiation'.

OTTO FENICHEL

**Liebe zur Mutter und Mutterliebe.** (Love for Mother and Mother Love.) Alice Bálint. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 33-48.

An archaic type of love for the mother was found in three patients whose ability to love was markedly disturbed. This attitude is characterized by complete disregard for the interests of the object for it is based on the original postnatal unit child-mother when the interests of both were identical. A parallel attitude can be found in the depths of mother love when the child is not regarded as a part of the outer world. This is demonstrated by some ethnological material. Since mother and infant are complementary in their desires, they are not compelled to take one another's interests into consideration. At this stage there is complete and effortless harmony in their relation. This biological symbiosis the author calls 'mutualism', following the terminology of Ferenczi. In the psyche mutualism corresponds to the 'naïve egoism'. This phase is not followed immediately by adult sexual activity as observed in the kingdom of animals. If this occurred in human development, the child would stay continually in the condition of mutualism. The growing child, however, enters a phase in which mutualism is impossible and in which it has to learn respect for the interests of the beloved object. In this phase a sense of reality also converges upon emotional life.

Consequently there is no phase in which autoerotism constitutes the only means of satisfaction. Autoerotism is accompanied from the very beginning by a primary archaic object relation without sense of reality and in complete disregard of the object's interest.

This archaic love is attributable to the id, while that of heed to the interest of the object belongs to the ego. That a primitive object relationship really exists in the id prior to the establishment of faculties for discerning ego and object seems, however, not completely acceptable. Nevertheless this thorough scrutiny of the initial stages of psychic life is highly impressive and deserving of commendation.

KURT EISSLER

**Ichstärke und Ichschwäche.** (Ego Strength and Ego Weakness.) Hermann Nunberg. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 49-61.

This paper should be a warning to all those who contest Freud's structural aspect of the human personality. Nunberg brilliantly applies the concept of ego, id and superego to some of the most important problems of the present psychology of the ego. Although at present science is not endowed with the means to measure the absolute energy of the ego, the author believes that the relative strength and weakness of the ego may be examined by scrutiny of typical situations. Thus, the quantitative relationship between the strength



of drives, narcissism, capacity to bear displeasure, readiness to produce anxiety and the resulting strength or weakness of the ego are thoroughly represented.

The author does not hesitate to point out the contradictions inherent in these concepts and demonstrates their two-fold validity according to their application to different structures of the total personality.

Neurosis and psychosis in general are viewed in their relation to the synthetic function and defense of the ego which concepts offer a promising approach to the problems of ego strength. The author reminds us that ego strength is not referable to maximal or minimal cathexis of different ego functions, but is dependent on an optimal cathexis not measurable at present. After discussing the ego in its relationship to id and reality, a similar scrutiny is given the superego. This paper, so rich in ideas, cannot be reviewed in detail, but mention should be made of the basic problems of psychoanalysis, such as fixation and repetition compulsion which are so well represented here in the superordinated category of psychoanalytic therapy.

The importance of this paper lies in its exemplification of the productivity of Freud's metapsychology and especially in its structural aspect. It is true that this methodology is by no means easy to apply and those who demand simple solutions or those who cannot wait for an answer may be disappointed by Nunberg's paper. In his hands, however, structural psychology becomes a brilliant and powerful instrument.

At the close of his paper, Nunberg indicates that the solution of the problem may be found in the degree of synthesis of eros and destruction established in the personality, following Freud's line of approach in Analysis Terminable and Interminable.

KURT EISSLER

*Kriterien der Deutung.* (Criteria of Interpretation.) Robert Waelder. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 136-145.

The author presents four principal rules which should be applied in psychoanalytic interpretation to guarantee the utmost validity to interpretive findings. First, the recording of all facts and their careful phenomenologic study, awareness of problems behind each reaction which is not strictly referable to an outward stimulus. Second, strict avoidance of interpreting an actual behavior pattern by attributing it to a conjectured infantile conflict prior to the appearance of the latter in the material. Third, scrutiny of patient's reaction to interpretation. Fourth, reversing the interpretation by reconstructing the original data from the results of interpretation which should be in accordance with the results of past real observation in other fields. A general quality of psychoanalytic interpretation identical with the theories of science is set forth: all purely logical conclusions drawn out of the interpretations should be controllable in actual experience. These reflections do not enter the conscious mind of the experienced psychoanalyst in his work. In regard to the actual work of the psychoanalyst, the word of Charcot is still valid: 'One should contemplate matters long enough until they appear to explain themselves'. The reading of this theoretical paper is further rendered enjoyable by repeated witty comparisons of psychoanalytic interpretation with the technique of a detective.

KURT EISSLER



Das Lachen als mimischer Vorgang. (Laughter as Mimicry.) Ernst Kris. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 146-168.

The psychology of mimic expression which is certainly of great psychoanalytic significance, has until now been given little or no consideration in psychoanalytic theory. For that reason we are grateful for this paper by Kris which discusses problems of mimic expression as seen in the example of laughter.

There have been many investigations of the normal and pathological development of human motility. The uncoordinated discharge movements of the small child develop, however, not only into subsequent purposeful action, but also into subsequent appropriate mimic expression. Both the former and the latter are the work of the ego; the latter is absent or upset in states of deep ego regression. To be sure, the further development of the ego which evolves into *verbal* speech, in turn implies a decreasing significance of mimic *body* speech even though the latter is never entirely unimportant. Its restriction is accompanied by certain refinements: the concomitant speech of the entire body turns into the concomitant speech of diminutive movements of the mimic musculature. When less far-reaching ego regressions, or restrictions of some functions of the ego in favor of the id take place, we witness 'mimic regressions' in which instead of a delicate mimic expression, archaic and more universal 'mimic movements of the entire body' appear. Accordingly, Kris sees 'the problem of central control of mimic actions as a problem of psychoanalytic ego psychology'.

This problem is discussed somewhat unsystematically and in a variety of connections through the example of laughter. Laughter may be voluntarily induced by the ego as pleasure, and it may also—in a state of affect—overwhelm the ego against its will through the sudden release of excessive quantities of psychic energy. Under such conditions defenses against laughter are called into play: either through countercathexes whereby one assumes a cramped, fixed, serious expression, or through sublimation whereby the power of the ego reduces the laughter to a smile. Smiling itself is older than laughter having been originally the infant's expression of satisfied hunger, it then became the principal expression of friendly psychic contact, indeed 'even the mimic expression of mental activity in general' (e.g. in works of art). Kris then discusses *mimic disturbances*. He distinguishes the lack of integration of separate mimic impulses ('the artificiality of such laughter is to be seen in the fact that *only* the mouth smiles, the reflection of this smile is absent from other parts of the face'); real mimic mistakes or errors (laughter when sad news is reported; conversion symptoms in the realm of mimic expression); and finally changes in the 'mimic melody of movement', the timing apparatus of mimic activity, a type of disturbance which often is found in the schizophrenic fixed stare which is not evident as such in a single photograph, but is revealed in a motion picture. It is this time element in laughter which reveals to the observer the nature of the laugh, e.g. whether it is happy or ironical.

OTTO FENICHEL

Der psychotherapeutische Wert der Konstruktionen in der Analyse. (The Psychotherapeutic Value of Construction in Analysis.) M. Katan. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 172-176.

When the analyst reconstructs a traumatic experience before it has become conscious the patient reacts sometimes by remembering circumstantial details of that experience. Apparently harmless details which are provoked in this way may lead to the traumatic experience itself. They play emotionally a rôle analogous to the derivatives such as penis envy in the life of a grown-up patient. The derivatives are to be dealt with first. The author supposes that analyzing such derivatives or circumstantial details which have become conscious, changes the relation of quantities of 'energy' attached to them and to the original traumatic experience, and that this change of cathexis promotes the discovery of the traumatic experience itself.

The author is not concerned with the increase of resistance which is produced by interpretations hitting repressed contents before the defenses are destroyed and which remains very often hidden behind an obedient intellectual accepting.

BERNARD A. KAMM



## NOTES

THE EMERGENCY COMMITTEE ON RELIEF AND IMMIGRATION of the American Psychoanalytic Association has submitted its third annual report which states \$20,384.22 has been made available since January 1938 by the generosity of many friends for the work of the Committee. Of this amount \$18,314.18 has been disbursed in assisting individual psychoanalysts over the first period of their resettlement; similar services have been rendered for psychoanalytically trained psychologists, teachers, lawyers and social workers; transportation to and in the United States has been paid for others, as well as traveling expenses of analysts forced to leave Europe for countries other than the United States. Emigré analysts in England who could not earn a living after the beginning of the war were assisted. The report states the urgency of the existing needs of many who find themselves in difficulties in this country and of others in hazardous positions in Europe, and appeals to friends to assist with contributions for this purpose. Such contributions may be made to the EMERGENCY COMMITTEE ON RELIEF AND IMMIGRATION, Bertram D. Lewin, M.D., Treasurer, in either monthly or yearly instalments.

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THE BOARD OF DIRECTORS OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE announce the election of Dr. Adolf Meyer of Baltimore as President of the National Committee, to succeed Dr. Arthur H. Ruggles of Providence, Rhode Island. Dr. Meyer is Professor of Psychiatry of Johns Hopkins University and Director of Henry Phipps Psychiatric Clinic, Baltimore, which he founded in 1913. Often referred to as the dean of American psychiatry, Dr. Meyer has long been the acknowledged leader of his profession and has exerted a wide and deep influence on the growth and development of psychiatric thought and practice both in this country and abroad. His former pupils occupy leading posts as teachers and practitioners of psychiatry throughout the United States and in many foreign countries. He has been President of the American Psychiatric Association, American Neurological Association and the American Psychopathological Association. He is a member of numerous scientific societies and has received academic honors from various universities here and abroad. Dr. Meyer collaborated with Clifford Beers in the founding of The National Committee for Mental Hygiene, in 1909, and gave the mental hygiene movement its name. He is Chairman of the National Committee's Advisory Committee on Psychiatric Education, and was one of the organizers of the American Board of Psychiatry and Neurology, established in 1934. He was the first Salmon Memorial Lecturer in psychiatry and mental hygiene at the New York Academy of Medicine.

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# THALASSA

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